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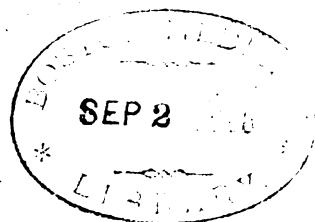
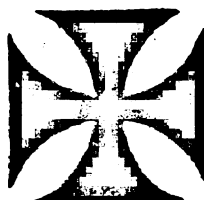
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and Hospital Review



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No. 1

State Registration for Nurses*

GEORGE T. SPRAGUE, M.D.

THE art of medicine, ever struggling upward in the effort to become an exact science, has become so broad and complex that the physician is no longer able, unaided, to properly serve his patients. In his dilemma he has found growing up, coincident with his need, a sister profession, complementing and supplementing his own, and upon which depends sometimes more than upon his own skill the well-being of the sick in his charge. Mark you, a profession—no longer a trade, no longer merely skilled labor, but an art; a profession, though without an anchor, without a standard of conduct, without a code of ethics, without protection, without regulated responsibilities and without official recognition.

Recognizing these conditions and needs, the nursing profession has, through pressure both from without and within, begun to solidify and organize. It has formed local, State and national associations, and has begun to seek the authority of the State. Like all new movements, this is meeting with opposition from the ignorant and the prejudiced. It is, therefore, well to consider some of the reasons for a law providing for the

State registration of nurses. In the first place, our patients need it; their comfort, the peace of their families, their reputations, even their very lives, are in the hands of the nurse, and the situation has so grown that neither the family nor the physician can always know the qualities of the nurse in the case. Then, too, the doctor needs a helper who is so thoroughly efficient and of such matured and broadened character that he knows she will carry out his directions to the letter and in the spirit, that she will be able to meet emergencies and that she will make such records and observations during his absence from the case as to advance the scientific side of both their professions.

Most of all, does the nurse need State registration; she needs it for the esprit de corps that comes with it; for the personal stimulation and broadened viewpoint that it brings; for the opportunities of helping those below her and attaining to the standard of those above her that grow out of it; for the power it gives her to protect the public and her profession against persons who, though discharged in disgrace from good schools, practice as graduates of such schools, or who,

*Read at meeting of the Kentucky Association of Graduate Nurses, Lexington.

taking a short cut in massage, claim to have had a full course in nursing, who lie outright and in toto. And, most of all, does the nurse need State registration to enable her to still further improve and unify the curricula of training schools throughout the United States, for no matter what rules an association may devise for the purification of its membership, the only efficient means is the bar at the entrance. Right here should you be most careful and wise in forming your State law, which, I understand, is to be presented to the next Legislature.

The first State law for the registration of nurses was passed by New York, and now New York, New Jersey, New Hampshire, Connecticut, Maryland, the District of Columbia, Virginia, North Carolina, Georgia, Illinois, Iowa, Minnesota, Colorado, California and Indiana have such laws, and there are bills up in nearly every other State in the Union. I have read a few of these laws, but nowhere have I seen either of the two provisos which seem to me to be essential to complete success—a provision that every graduate nurse practicing in the State shall be registered, and provision made for at least one physician on the State examining board. You voluntarily relinquish your most effective means of improvement unless your State Board is able to bring pressure upon the entrance requirements and the course of study of every training school sending nurses into our State, and this can only be done by requiring every practicing graduate to be registered.

As great as your profession now is, and its future promises still greater things, it is, and must necessarily be, subordinate to the medical profession,

and I can think of no surer way to secure a sympathetic interest in you as nurses and as a profession than to have a physician on your State Board. It will surely benefit trained nursing if you will do more in the future than you have heretofore to cultivate this bond of union with the medical profession. It should always be remembered that pleasing the doctors is the surest way to add jam to your bread and butter. Lastly, in formulating your State bill, if you are inclined to require a three years' course, as Georgia has done, be sure that the third year makes a better nurse than is made by the two years' course; that it does not put a premium on the student's financial ability; that it does not force the rank and file to take studies that are only needed by the teacher who could better get them in a post-graduate course; that it does not produce that source of irritation to the doctor, who is ever the arbiter of your success—the over-trained nurse—and that it does not keep out of your profession many desirable candidates who can only take a two years' course.

Above all, remember the ideals of your art and your wonderful opportunities for good; remember that technical training alone never yet made a successful nurse; that many graduates of the best schools are failures as nurses, and that nowhere is the true woman, the generous, sympathetic friend, the patient, tactful companion, so eminently successful as at the bedside. Therefore, so construct your law and so appoint your State examining board that the pupil nurses of Kentucky will be selected for their breadth of character, sterling disposition and tactfulness as well as for their ability to study and to work.

The Nurse and Her Investments

CHARLOTTE A. AIKENS.

WHEN the subject of a nurse's investments is mentioned there are nurses, not a few, who are accustomed to smile derisively at the idea, as though it was preposterous that the average nurse should even think of financial investments. Why should it be? Why should a nurse not look forward to saving money and investing it as well as other women workers, or men, either? For the great majority of nurses there is no reason why they should not, and there are many reasons why they should. No self-respecting woman wants to be dependent on relatives or friends. Protection for her future is one evidence of prudence and self-respect. It ought to receive a great deal more consideration by nurses when they are young than it usually does.

Some very pertinent questions relating to this matter came through the mail the other day. To be sure, the pamphlet was an advertisement, but it contained sound sense, nevertheless. Some of these questions every nurse should ask herself and answer. For instance, this one: "Do you know of any one upon this earth upon whom you would care to be dependent?" Do you?

Or this one: "Do you know of anything more pitiable in this world than an old woman without money?" Do you?

Or this one: "Do you know that there is a certain dignity and moral integrity and self-respect in the personality of the woman who provides for the emergencies of the future?"

"Isn't it true that since you have pro-

vided for yourself there probably has never been a year when you couldn't have invested something in security for the future?"

"Do you know why you haven't the total in cash or security you should have considering what you have earned?"

"Do you know that many a woman along in years has her wishbone where her backbone ought to have been?" Isn't that as true as the Gospel?

The best time to begin to think of and plan for saving and investing is when a nurse first becomes an independent wage earner. The nurse who has never had much money at a time is apt to feel very rich when she gets her first hundred or two hundred dollars. With many a nurse the first thought is to invest a goodly portion of it in fine clothes. She perhaps has for long envied the woman who could afford silk dresses and petticoats, or handsome jewelry and ostrich plumes, and a part of her first couple of hundred dollars is very likely to be invested in some of these pretty but unnecessary articles. Or an expensive suit is purchased, which will become antiquated long before it is worn out, or it may be so light and flimsy as to be extremely unserviceable. A suit at ten to twenty dollars less would have answered all the useful purposes of the more showy, costly one and been far more appropriate for a self-supporting girl.

Somehow, without quite knowing how or why, the couple of hundred dollars slip through her fingers. She expects to be earning money right along now. She hopes always to be able to have plenty

now that she is fitted to support herself. A certain amount of this money goes for living expenses, room rent, board when off duty, laundry and "incidentals," but in the final analysis the incidentals would probably figure up a rather startling total. And if she sat down to carefully consider the expenditures she probably would find a great many things which she might have done without.

A nurse, not one of the gay or giddy sort either, told me that after seven busy years of nursing she had not saved anything worth speaking of. Her earnings had just slipped away. There had been no serious illness in her life. She had no relatives dependent on her. Her room in her brother's home cost but a very trifling, a merely nominal, monthly sum. She was comfortably busy most of the time—that is, for as many months of the year as she chose to work. She liked to take long Summer holidays, rather expensive ones, too, sometimes. She always dressed well. But she did not save. Not a few nurses have come to me at different times and confessed they were "dead broke," or pretty near it. When I saw some of the things on which they had spent their money I did not wonder at it. It seemed sometimes as though their money burned in their pocket till they got a chance to spend it. They always dressed well—too well for people so nearly "broke" as they frequently were. It is undoubtedly true that it requires more brains to know how to spend money than how to make it, and the reason many people are always fluctuating between affluence and poverty is not because they do not know how or do not have a chance to earn a comfortable living and save for the future, but because they do not know how to spend what they do make.

Some one has said that the very first lesson in thrift is keeping account of the items. That is one thing every nurse ought to plan to do, to set down on one side of a little account book every cent of money that comes to her from any source and on the other side every cent that she spends and what it goes for. This account of income and expenditure is very valuable for reference from year to year. It helps the nurse or any woman to get the most profit from her experience in investing, for she is investing her money all the time, whether she realizes it or not, even though she may smile at the mention of "investments" for nurses. She has to spend a certain amount to live. Between the amount expended for the essentials—the things she must have—and the amount she earns she has her choice of investments. She can invest it in pretty finery, in dinners at high-class cafes, in long, expensive railway or water trips and such things, or she can invest it in security for her future. She has the absolute right of choice between the two classes of investments. There is a happy medium between extravagance and parsimony which it is wise to try to maintain. One need not deprive themselves of all the good things of life or of little extra pleasures in order to make provision for the future, but it is wise to keep the future possibilities well to the front when planning to spend an income.

For the young nurse endowment life insurance is probably one of the wisest investments she can make. In spite of the unpleasant disclosures made in recent years concerning the methods of certain life insurance companies, the fact remains that in the vast majority of cases insurance has proven a safe and satisfactory investment. Not one woman in

a hundred can safely invest accumulated money herself. Among the thousands who have lost the savings of years by investing in some get-rich-quick concern women are numerous. That insurance is considered one of the safest forms of investment is shown by the fact that men of wealth are usually men of large insurance, that bankers, professional men, financiers and business men of all classes—men who know the financial situation well and are in a good position to decide what is and what is not a good investment—these men almost invariably carry considerable life insurance.

It is safe to say that few, if any, nurses who take out life insurance policies during the first six months or a year after they become self supporting will ever regret it. The earlier in life after a nurse becomes self supporting that she starts her payments on a life insurance policy the lower the annual payments will be. It will cost a good deal more each year to insure at forty than at twenty or twenty-five. Many a woman at forty or forty-five would gladly even then invest in a policy on the twenty-year endowment plan as she sees old age approaching, for which she has failed to make adequate provision, but the high annual premiums required at that age and the uncertainty of wage-earning ability in these years makes it practically impossible. The best earning years in the life of the average woman are between twenty and forty or forty-five, and between those periods is the time to save. Most of the old-line insurance companies insure women on equal conditions with men. Some companies have certain restrictions about military or naval service, but in others there are no restrictions as to occupations or place of residence. The applicant must be in good health and

able to pass a rigid physical examination at the time the application is made. For a sum ranging around from thirty-five to fifty dollars, or less, a year a nurse can start investing in a one-thousand-dollar endowment policy and draw the money, with interest, at the end of twenty years. In some companies, known as "mutual" companies, annual dividends are declared, which can be used to reduce payments, or the profits on the amount of the premiums invested may be left at compound interest, to be drawn whenever necessity arises. Other companies issue policies on the accumulated dividend plan. There is no distribution of the surplus which the money invested has earned until the period named in the policy has expired. After all the annual payments are in the holder of the policy receives the amount for which she contracted with the company and in addition a share in the general profits. All through the twenty years she has had the benefit of the insurance. In case of her death her heirs would have received the full face value of the policy.

There are a great many different methods by which the insurance can be managed which need not be entered into here. Any one who is interested can secure such information quickly by addressing a request to a reliable company. The object of this article is simply to call the attention of the young nurse who is apt to spend money freely and not always wisely to the matter of beginning while young to systematically save at least a certain amount each year. Once the habit is started the little savings account will grow.

Before attempting to do business with any company the advice of some experienced business man who is not interested in the company should be sought.

There are good and bad insurance companies, just as there are good and bad everything else. If the annual premiums are very much lower in one company than another, it would be better to thoroughly investigate the standing of and get advice from different sources before venturing to do business with the one quoting the low figure or making glittering promises. The lowest annual rate quoted does not always mean the best investment.

Supposing a nurse under thirty years of age decided to invest in a two-thousand-dollar twenty-year endowment policy with a "mutual" company. Under ordinary circumstances there should be a surplus of from three hundred to five hundred dollars or over in addition to the face value of the policy coming to her when the term has expired. The interest on this sum at the rates that now prevail would not make a nurse independent, but it would be well worth while to have a definite sum of that amount to look forward to. Lots of people would not save at all if they did not have to make those annual payments, which will come back to them later on. It would not be wise to put too much of one's earnings in life insurance, for every one comes to a time when they need to have a bank account to draw on as well.

Probably the average nurse, in common with other women, looks forward to marriage, to having some one to make a home for her and support her, and that doubtless has a good deal to do with the improvident spirit displayed by some nurses. But the Prince Charming doesn't always come, and often when he does come he is so far from charming in her eyes that the nurse prefers self-support and single blessedness. Whether or not the Prince comes, or is expected to come,

it should make no difference in deciding the question about provision for the future. He is not likely to object to such a habit in a young woman. It is to his interest as well as to hers to provide for the proverbial rainy day, and no nurse is too young to begin to protect her future. Years of plenty there will probably be, but lean years will come. Long seasons of rest, enforced or otherwise, are apt to become realities. Some years expenses may be heavier than others, but most nurses can plan to systematically save at least one hundred dollars a year. They ought to do much more than that.

One of the rules of a prominent visiting nurse association is that each nurse in its employ must deposit seven per cent of each month's earnings with a local bank. That much must be to her credit, and the bankbook must be open for the inspection of the association. It is a wise rule to impose in order to foster habits of thrift.

In quite a number of States banks allow four per cent interest on savings accounts, and banking by mail is becoming quite common. The reliability of a bank, like that of an insurance company, is a matter on which advice should be secured from wise business men. In spite of panics and occasional bank failures, there are plenty of reliable banks in all cities where money is safer than it can be while in the nurse's possession. It is never a good plan to carry much money about, and trunks are about as unsafe receptacles in which to hoard savings as could be found. The old teapot on the top shelf of the cupboard or the famous "stocking" which is sometimes produced by eccentric people with their savings in it are safer than a trunk.

In years gone by schemes for a na-

tional nurses' home or for raising a national pension fund for nurses has been talked of in this country. Some such pension fund for nurses exists in some European countries. Whatever may be the conditions calling for it in those countries, a pension fund is certainly not more necessary in the United States or Canada for nurses than for any other class of women wage earners. Surely no self-respecting nurse would care to have nurses singled out as a class for whom a charitable fund should be raised. If the time does come when we

have to go back home and live off the bounty of our relatives, or apply for a snug corner in some old ladies' home, or wend our way to the county poor-house, let us do it as gracefully and cheerfully as we can. But let us at least have the comforting assurance that it happened through no fault of our own; that it was not because we did not try while we were young to make provision for the future.

In another article other forms of investments which some nurses have found worth while will be discussed.

A Nurse's Day

Out of your night clothes and call for a cab,
Soap, sponge and water to give face a dab;
Pack up your suit case and then off you go,
Not knowing where till the cabman says whoa!

Off with your street clothes and grab uniform;
Hustle, be quick, why are you so long?
To dress and undress would make some people
thin;
The friction you'd think would wear off the
skin.

Out of your uniform, dress for the street;
Here you must hurry, but look very neat;
Then for your airing, for hours, one, two;
Be back on time or the air will be blue.

Off with your street clothes to uniform plain;
Then at it again to help soothe the pain;
And thus we keep busy from morn until morn;
Oh, yes, we are happy, and never forlorn.

—M. M. Y.

The Professional Nurse and the Schools for the Training of Professional Nurses

CHARLES EDWARD WATERS,
Bureau of Education, Washington.

AMONG the responsibilities confided to women in all of the walks of life, there is none of such widely accepted importance as the one which, from the highest motives, prompted them to devote their lives to the relief of human suffering. Olympia was described by Chrysostom "as most noble in character, and for her exposure in behalf of others as living in perpetual fellowship with pain." Lecky, in his "History of European Morals," says: "A Roman lady named Fabiola, in the fourth century, founded at Rome, as an act of penance, the first public hospital," and he further declares, "the charity planted by that woman's hand overspread the world, and will alleviate to the end of time the darkest anguish of humanity." Paula, a Roman lady (descended from the Scipios and Gracchi), left Rome in the year 385 A. D., accompanied by her daughter, and took up her residence in Bethlehem of Judea, where she assembled about herself a community of women who spent their days in prayer and in good works. In an old translation it is written that Paula "was marvellous debonair, and piteous to them that were sick, and comforted them and served them right humbly. She laid the pillows aright and in point, she rubbed their feet and boiled water to wash them." In the year 660 the Bishop of Paris founded the hospital afterward known as the Hôtel Dieu, where nursing sisters attended upon the sick from motives of piety. After a time The Béguines, or hospital sisters,

organized a community at Liège. There were twenty of them in one hospital, and their duties began at 4 o'clock in the morning, some of them being constantly engaged in their labors among the patients. They prepared as well as administered the medicines used.

Early in the seventeenth century Vincent de Paul invited women to his aid in the ameliorating of the conditions of the poor and suffering. Madame le Gras came to his aid, and one result of their united efforts was the first organization of the Sisters of Charity. Later these sisters were found on the field of battle in groups of two or four to care for the wounded. They were found in the hospitals of Warsaw when the plague broke out in Poland. In 1640 members of religious sisterhoods are recorded as nurses at Quebec and at Montreal, where a hospital was erected a few years later.

In 1822 a German clergyman, Mr. Fliedner, went from Kaiserwerth (near Düsseldorf), on the Rhine, to collect funds for a church. While in England he met Elizabeth Fry and his mind was turned toward the objects engaging her attention. He afterward founded an institution for discharged women convicts, a lunatic asylum, an orphan asylum and an infant school and in the year 1836 a hospital. He had been led to think of the hospital partly from the want of good nurses for the sick and partly from a perception that the women who had voluntarily assisted him required a larger sphere for the exercise of their faculties.

But the chief purpose of that hospital was to serve as a training school for nurses. Every woman who offered herself (and there was no lack of applicants) was taken on trial for six months, during which time she paid her board and wore no distinctive dress. If she persisted in her vocation and was accepted there was a further probation of from one to three years; she then assumed the hospital dress and her board and lodgings were free. It was in that hospital that Miss Florence Nightingale took a regular course of training before she took charge of the Female Sanitarium in London, and after her return to England from the Crimea the school for nurses was opened at St. Thomas's Hospital, London.

When the Civil War, 1861-65, began in the United States the representatives of the several sisterhoods were at once ready for service. On April 29, 1861, there was issued a call for a meeting (held on May 18 of the same year) of "the women of New York, especially those engaged in preparing against the time of wounds and sickness in the army." A plan was submitted to the War Department that a selection out of several hundred candidates of one hundred women, to be trained "in a most thorough and laborious manner by distinguished physicians and surgeons of the various hospitals in New York," be made, and that the War Department receive these nurses, "on wages, in such numbers as the exigencies of the campaign may require." The plan was carried out, and much has been written of woman's work in the Civil War, of her heroism and of the relief experienced at her hands by the soldiery.

Mrs. Dacre Craven—née Lees—the eldest living pupil of the Nightingale

Hospital, London, was a volunteer worker in the Franco-Prussian War, 1870; she was placed in charge of the fever station at Merange—before Metz.

In the United States the Lying-In Charity Hospital, Philadelphia, reported a Nurse school in 1836; the Woman's Hospital, Philadelphia, reported a Nurse Training School in 1861, and the New England Hospital for Women and Children, Boston, reported a Training School for Nurses in 1863. Bellevue Hospital, New York City, is the first general hospital to report the establishment of a Training School for Nurses, in 1872. In 1879 there were but eleven schools for the training of nurses (located in the cities of Boston, Brooklyn, New Haven, New York, Philadelphia, St. Louis and Washington, D. C.,) known to the Bureau of Education. And from that small beginning the number of schools has grown with a marvelous growth.

Without in any manner undervaluing their important work, it may be repeated that training schools for nurses were first recognized as schools for instruction in a species of handicraft or wage occupation, rather than as a means of education or mental training. A D. D. S. before his class on one occasion addressed them as follows: "I am instructing you in what I *know* myself. I have gone before, you are to *follow* me." His students were to render themselves skillful by means of manual dexterity or handicraft, rather than to know their chosen profession in a manner fitting them to assume new and unexpected burdens, and to be resourceful in the face of ever-arising problems. In the schools for the training of nurses methods have been introduced and the nurse learns the bearing of scientific laws and applies them intelligently to the amelioration of

the condition of the sick; her ears are trained to quickly hear, her eyes to see accurately and her hands to do that which is best to be done at the moment. In the absence of the physician she represents him, replaces him in the family, and she assists him in his labors with efficiency and helpfulness. Whereas the untrained nurse, being unable to understand the higher range of the new education, will fail in that regard.

The impressions of the nurse on the child have been likened to the colors of wool for which its plain whiteness has been exchanged, and it is in the public schools that the professional nurse becomes a "missioner of health." It is there that she observes hygienic conditions as well as watches over the health of the pupils. She may visit the homes of the school children, where she can give instruction that will improve the conditions of their home surroundings. In the church it is difficult for the clergyman, weighted with the care of the souls and of the sorrows of his parishioners, to be a student of medicine. Those sorrows most often have to do with the secrets and problems that arise from disease (inherited or otherwise), and frequently the coöperation of the clergyman is required to convince the patient that the physician's diagnosis is a sound and a correct one. A knowledge of the laws of health cannot be obtained otherwise than by study of medicine. It has been written that the good man in the physician has carried his propaganda into the home, the school and the church.

And the good woman, trained in her profession, as the missionary nurse (or the "church missionary") cannot fail in her having an enlightening and an elevating effect on the individual, the family and the church. On board the great transatlantic steamships the professional nurse alleviates the sufferings of those who may define the earth as the one thing greatly desired by themselves. In the family she is a "ministering angel" to the afflicted. In the hospitals established by the State, hospitals established by great corporations (or endowed by individual members of those corporations), the professional nurse is an absolute necessity, and the more ignorant or careless the sufferer may be, the greater the need for the watchful care and for the services of the trained nurse.

In institutions for the higher education of men and women, the profession of nursing is being recognized and the degree of D. N. (Doctor of Nursing) has been conferred by one institution at least. And to-day there are in the United States more than 1,000 schools for the training of nurses, with 21,000 students and nearly 7,000 graduates during the year 1907. The capacity of the hospitals connected with those 1,000 (and more) schools reaches 176,000 beds.

In more than one-fourth of the States forming the Union laws have been passed for the registering of the nurse and for her protection in the practicing of her profession—nursing. The general recognition of nursing as a profession cannot be longer delayed.

Worms in the Living Body

MARION FOSTER WASHBURN.

ALMOST every tissue and organ of the human body may be invaded by parasites. Most of these are in the intestines, but some are in the skin, some in the muscles, some in the eyes, some in the kidneys, the, liver, the brain, the heart and the blood. In short, there are fifty-five living creatures that infest the body of man! Some of these actually have their own parasites, which live upon them as they live upon the man whom they inhabit. There is more truth than poetry in the old saying:

. These fleas have other fleas to bite 'em,
And these fleas, fleas, *ad infinitum*.

The most common of these parasites are intestinal worms. Of these there are three common kinds: First, the small thread-worm; second, the long round-worm, and, third, the common tapeworm. Lucky is the person who at some period of his life does not suffer from one of these three.

THE THREAD-WORM.

The common thread-worm (*Oxyuris Vermicularis*) is the smallest, being only one-fourth inch to an inch long. It appears in clusters and is common both to domestic animals, especially the horse and the dog, and to children. It never appears in breast-fed babies, unless in addition to the breast milk they are fed other foods, especially those containing a good deal of starch. The symptoms are: local itching, worse in the evening, an irregular or depraved appetite, bad breath, picking at the nose, a puffed face, straining, disturbed sleep and restlessness. When two or three of these symptoms exist together, the child should be

watched and closely examined for worms. These may be most easily discovered when the child is asleep and warm in bed.

Such worms may pass from one child to another. This fact makes another reason why the careful mother will not allow her children to sleep with other children.

The eggs of the worms enter the child's body by means of vegetable food not properly washed, or by water, or by raw or undercooked meats, especially pork. The drinking water should be first suspected. If it comes from an uncovered spring or stream to which animals have access it should be boiled before using, no matter how clear and pure it may look. All fruits should be well cleansed.

Thread-worms propagate themselves with extreme rapidity. The manner of their growth is peculiar, and a knowledge of it is necessary in order to know how to cure the trouble. The discovery of the method of propagation was first made by an American veterinary surgeon who was trying to discover a method of getting rid of thread-worms in horses. He found by close investigation that the female worm before projecting her eggs caught hold of the mucous membrane just within the sphincter anus and discharged its eggs around the anus. In a few hours these hatched and the young worms crawled inside.

Soon after this discovery a Boston physician thought the same thing might be true of thread-worms in a human being. He therefore asked the parents of

a child who seemed to be suffering from this trouble to watch for the next occasion in which the child was much tormented by pain and itching. At such a time he thought the female worm might be depositing her eggs. He therefore instructed the parents to pass a damp piece of black silk over the parts at such a time, and then fold it and send it to him. He examined it under the microscope and found that, sure enough, it was covered with a large number of fine eggs.

This observation led to the further discovery of a simple and efficient means of cure. It is merely to wash the parts several times a day and smear them afterward with lard. This so far protects them that the eggs cannot find a place in which to rest until they hatch; and as the life of the parent worm is of very short duration, about eight days of this treatment, thoroughly persisted in, will rid the sufferer of the nuisance. In fact, one family physician says that the habit of washing these parts with good soap and water every day is in itself sufficient to prevent thread-worms.

THE ROUND-WORM.

The long round-worm (*Ascaris Lumbricoides*) is like a pale-colored earth worm, though an extra large one. It is from six to fifteen inches long and inhabits the small intestines. Sometimes, however, it passes up into the stomach and is then vomited out, much to the horror of the patient. Or it may pass down into the large intestines and pass away with the rejected food. This, however, it seldom does unless it has already multiplied considerably.

It is exceedingly prolific. Scientists calculate that there are about sixty million eggs to each worm, or, in other words, the female worm lays about one

hundred and sixty thousand eggs a day! Laid as these eggs are in a soft, moist, warm place, they are incubated with extreme rapidity, and the creatures grow until they fairly fill up the inside of the sufferer. It is only then, when they are crowded into the stomach or into the lower intestines, that they appear so that the patient knows what the trouble is and calls in the doctor.

Previous to this there had probably been a long period of comparative ill health and discomfort. The predisposing cause is an unhealthy condition of the intestines, which are covered with a thick, slimy mucus. Their condition, indeed, is almost like that of the inside of the nose when one has a heavy cold. In this fertile soil the eggs, which come into the stomach by means of, say, half-washed lettuce leaves or unfiltered water, find an excellent nidus for their development; while in a more healthy child the acid secretions of the intestines themselves would prevent their development.

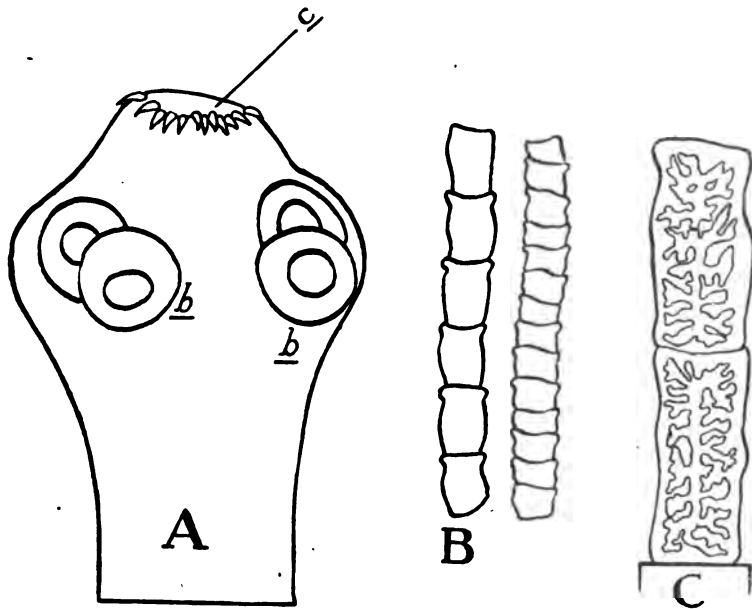
Two things, then, are necessary to a successful development of these abhorrent internal reptiles: First, the eggs of the living creatures, and, secondly, a proper medium in which to develop and hatch them.

This internal condition of the mucous membrane lining the intestines is well indicated by the tongue. Whenever this is slightly slimy, especially in the middle, where it is covered with a thin, grayish, transparent fur, while the borders are covered with little pinkish-red grains, unusually raised and distinct, there is reason to suspect that the owner of that tongue is also the unwilling owner of a great many worms. When added to this is pallor, dilated pupils, dizziness and disturbed sleep, with grinding of teeth, pains and swelling in the abdomen,

a depraved appetite—that is, an appetite for unnatural and queer articles of food, such as chalk, strings, etc.—and with itching of the anus and sometimes a chronic diarrhœa, worse at night—when all these symptoms occur together or any considerable number of them it is almost certain that the child is afflicted with long-worms.

The treatment consists in removing such parasites as can be reached by means of injections of a half pint of

This should consist of simple, *properly cooked* food, given only at the regular meal times. Beef, mutton, fowl and fish are allowable. No salt meats, but plenty of salt; and no cakes, pastry, sweetmeats, butter, veal or pork. Potatoes should be given seldom and only then when steamed or thoroughly boiled. The child will crave all forms of starchy food, such as potatoes, crackers, cookies, etc., but he must not be permitted to yield to this craving.



A. Head of tapeworm, magnified 50 diameters.
b. Suckling-disks (so-called "eyes").
c. Hooks (so-called "teeth").

B. Half-developed and fully-matured segments, natural size.
C. Segments with reproduction apparatus, magnified 2 diameters.

water containing one spoonful of salt. This should be given at night and repeated two or three times a week for several weeks.

The general health of the patient must be looked to. No precaution will suffice to keep the worms from growing within unless the intestines can be brought into a more healthy state. Therefore it is necessary to put him on a rigid diet.

There is one remedy which is confessedly a specific for all the larger kinds of worms (a specific, you know, is a remedy which always does its work in certain diseases). This remedy is *santonine*. Its popular name is *worm-seed*, which fact shows that its use was recognized long ago when the plant was first named. It should be obtained at the drug store in what is called a IX

trituration—that is, a powder consisting of one grain of powdered santonine to nine grains of sugar of milk. Have the druggist make this up into little packages, each containing two or three grains of the IX trituration. One of these powders should be given before each meal. There is no danger at all in this remedy thus given, and it is, if followed up by the treatment above advised, a sure cure.

THE TAPEWORM.

The tapeworm (*Tænia Solium*) is white, jointed and flattened, like a piece of white tape, a little over a half inch wide, that is drawn up with a drawstring at intervals of about half an inch. It does not look so much like a living creature as like a tape-like extension of smooth, white meat; but it really is a living creature, with power of motion, of feeding and, alas! of propagating its kind. It lives in the small intestines. Usually only one, two or perhaps three inhabit the same person, but sometimes there are many of them.

It is commonly believed that if in getting the tapeworm away from an afflicted person a single section of it be left behind that section will grow until it becomes another worm. But this is not true. It is true, however, that the remaining section may contain eggs which in a favorable environment will themselves develop into another tapeworm or several of them. These tapeworms sometimes grow to a length of fifteen or more feet without their presence being suspected.

The symptoms are ill marked, until some day some joints of the whitish creature are passed from the bowels. The abdomen is usually heavy and somewhat enlarged, especially in the neigh-

borhood of the navel. Perhaps the most marked symptom is the excessive appetite of the patient, who eats ravenously and constantly, but does not gain flesh. Nearly all of his food goes to feed the worm within. This single symptom is enough to give rise to suspicion.

If it persists there is no harm in giving the following remedy in three doses. If there is no worm present nothing particular will happen. But if there is, segments of it will presently appear in the evacuations, which must be carefully inspected: Put one-half pound pomegranate root into one quart of water and boil it down to one pint. Drink this all in one day, in three doses, preferably after a fast of from twelve to twenty-four hours.

When the worm begins to come away it must be carefully watched and the treatment repeated until the *head* appears. This is small, but of a different shape than the rest of the worm. It has two, or rather four, so-called “eyes” in sets of two, which may be distinguished by close observation. These eyes are really sucking-disks, with which it clings to the intestinal walls. The head is also provided with hooks (so-called “teeth”) to help it cling. In order to weaken this grasp by hunger the long fast is advised preceding the taking of the medicine. So long as it remains the rest of the worm is sure to grow. Therefore unless it be secured the work of removal will all have to be done over again.

These measures are necessary to get rid of worms once they have made a place for themselves, but the prevention is simply good health and care in the preparation, especially the cleansing, of food.

Stomach Disorders of Infancy

KATHLEEN L. MILLIGAN.

PROBABLY every child at some period or periods of its infancy, and particularly during the time of dentition, is subject to more or less serious disturbances of the alimentary tract.

These disturbances are frequently slight, causing no particular discomfort or illness, and will often right themselves in robust and healthy infants or easily yield to slight care and treatment, but very frequently indeed they are more obstinate, and will, if neglected or unskillfully cared for, assume more and more serious proportions, resulting in dangerous illness and often death.

It may be broadly stated that all stomach and intestinal disorders in children are caused directly by indigestion. The consequent fermentation and formation of ptomaines is followed by auto-toxemia.

Digestion takes place when the digestive fluids are normally secreted and act on normal food.

Indigestion takes place when the secretions are disturbed or when the food taken is abnormal.

The digestion of the infant is peculiar in that the *salivary* glands are undeveloped and not brought into requisition, their secretion being unnecessary to the assimilation of the normal food of that period, which contains no starchy matter. At the beginning of dentition, the salivary glands become active and interfere, to a limited extent, with the digestion of the mother's milk because the flow of saliva is freely swallowed by the child, thus diluting and neutralizing the gastric

fluids. At this time it is necessary that the infant shall receive gradually a little food of a more solid and starchy character. It will gladly chew a crust or a cracker, and a little spoon feeding should be added. Fine and carefully prepared oatmeal gruel is excellent, as well as cornstarch, sago, arrowroot, etc. The cow's milk added to these should not be poor nor too rich, and sugar had better be omitted or used most sparingly.

The symptoms of indigestion are constipation followed by diarrhoea, the discharges being of abnormal odor and usually dark-greenish in color, containing numerous particles of curdy, undigested milk; sometimes vomiting, also fetor of the breath, with all the attendant symptoms of ill health, fever, colic, peevishness, sleeplessness, etc.

Ordinarily a dose of aromatic syrup of rhubarb, one teaspoonful, will be all the medication necessary if given in time, and the diet is regulated.

Toast tea is one of the most valuable of simple remedies in all troubles arising from indigestion and is particularly useful to allay vomiting. It contains liquid diastase and is the most appropriate, easy and effective digestive. The bread should be a little stale and browned clean through, but not burnt. Of this make a tea and give a few spoonfuls as needed. In severe cases the medicine par excellence is mercury-cum-creda, or mercury with chalk; the action of the mercury is immediate stimulation of the biliary secretion; that of the chalk is antacid. Dose: two grains given every two hours till six grains are given. Fol-

low this with a teaspoonful of aromatic syrup of rhubarb. This laxative is chosen because its physiological action is to produce heavy and abundant discharges, thus effectually cleansing the alimentary tract, and the spices with which it is compounded, viz., cloves and cinnamon, possess the most highly antiseptic properties. These spices were used by the ancient Egyptians in the process of embalming, not probably because of their knowledge of antiseptics, as modernly understood, but because they had learnt by practical experience that the use of these agents prevented putrefaction.

The syrup of rhubarb is a pleasant medicine readily taken by little patients.

The mercury-cum-creda is best given in powdered form mixed with a little of the aromatic syrup.

These active remedies should be followed by lime water or borax solution, given in doses of one teaspoonful; dilute well. After each action of the bowels this maintains an antacid and aseptic condition of the alimentary tract.

Digestion should be assisted and maintained by the administration of lactated pepsin given after each feeding. Dose: about four or five grains dissolved in *tepid* not *hot* water.

If the child has a healthy mother there is no need of any change in the food supply, at least until the most active symptoms abate, when it will be well to introduce a little delicately prepared solid food as before directed. But if there is good reason to know or suppose that the mother's milk is not of a wholesome character, the child had better be placed at once and entirely on artificial food. Nothing can better serve the purpose at this time than Horlick's Malted Milk. It may not be out of place

here to add a suggestion in cases where the mother's milk supply must be dried up. If a dose of a saline cathartic is given every morning it will assist most materially in lessening the secretion and will save much pain and trouble to the mother and to the nurse. A well applied breast bandage and a dose of salines every morning ought to dry up an ordinary milk supply in three days.

Artificial foods should be sterilized and the use of cane sugar prohibited, as it furnishes a medium for the growth of bacteria. If sugar is required, the sugar of milk should be used and the use of all sweetmeats interdicted until convalescence is well established.

Massage of the abdomen is contra-indicated. The child should be dressed warmly, if the season is cool, not too warm for comfort in hot weather, and should be kept in the open air.

Hydrotherapy has a distinct place in the treatment of these cases. Nothing will conduce more towards general recovery than the constant dilution and irrigation effected by the free application of pure water internally and externally.

Baths should be freely and repeatedly given, especially during fever. It must be the endeavor of the nurse to restrain the child's fever below 102° F. When it exceeds this limit she must know that rapid destruction of the red blood corpuscles is taking place. Under ordinary circumstances a temperature of 95° or 98° F. is sufficiently cool for the bath. Immerse the child in this for a few minutes, then remove from the bath and wrap in a blanket wrung from the bath water, place a dry blanket outside and lay upon the bed. During defervescence the patient usually drops to sleep.

Give plenty of pure or sterilized drinking water.

To impress the importance of this point upon nurses, I will give an illustration: I recently knew of a case of this kind, in which the mother took care of the little patient, and, although an unskilled woman, she noticed after some time that urination did not take place. She begged the attending physician to use

a catheter. He declined to do this, and also failed to catch the idea, that if the bladder had been filled it would inevitably have emptied itself. But the waste from continued fever completely exhausted the insufficient supply and the child died, I think I may safely say, *from want of water.*



FIELD HOSPITAL AT CHICKAMAUGA DURING THE MANOEUVRES, 1906.



STRETCHER DRILL, U. S. HOSPITAL COMPANY.

Field Hospitals

SERGEANT JULIUS LIEBLINGER.

U. S. Hospital Corps, Camp Columbus, Cuba

IN order to meet emergencies promptly, and to relieve grave and distressing conditions with the least possible loss of time, fully equipped army field hospitals are kept in readiness at various points all over the United States for immediate use.

They are designated by number, provided with a personnel of five medical officers and fifty-seven enlisted men, and, during active service, are subdivided into a "Hospital Section" of 108-bed capacity, requiring eight four-horse wagons for the transportation of the tentage and the equipment, and an "Ambulance Company Section" equipped with vehicles for the transportation of the disabled (usually ten ambulances). A field hospital can be built and fully equipped in from three to six hours. The constructing officer, aided by his assistants, lays out the grounds, measure the tent space and distance between tents, assigns the different hospital departments, reserves space for streets and roads and supervises the work in general. Energetic work and vigorous activity reigns everywhere. The canvas men raise one tent after the other with the regularity of clockwork. The equipment is unloaded, distributed all over the hospital and unpacked—everybody works, eager to establish a domicile for themselves and for others more needy of one.

The various hospital departments are housed in tents, 12½ feet square, 11 feet to the ridge, with walls 4½ feet high. Tents of smaller dimensions are used for accommodation of medical officers and hospital corps men.

The Munson and the Gilchrist tents are favored for the accommodation of the wards, being improved by increased ventilation facilities and comfort in general.

The hospital equipment is admirably composed and packed, and just as compact as it is complete. Specially devised for the wear and tear of a long campaign, the various articles are packed into strong boxes, into oaken, brass-lined chests, canvas-covered and securely crated, and the bedding and clothing carried in leather-lined, waterproof canvas cases, well protected against heat, cold and moisture.

The individual members of the corps are supplied with personal equipment for first aid work outside of the hospital grounds. The privates and privates first class carry hospital pouches suspended from their shoulders, which contain the following:

- Case with Ardessy forceps, scissors, pins, etc.

- Roll of wire gauze, used for splinting.

- Glass of aromatic spirits of ammonia.

- Rubber tourniquet, knife, with sharp-edge blade and saw-blade.

- Eight first aid packets.

- Six gauze bandages.

- Roll adhesive plaster.

These articles, essential and efficient for the purpose designated, are never entrusted to one not familiar with their proper uses. Four hospital companies are maintained (Washington, San Francisco, Camp Columbus, Cuba, and Camp McKinley, P. I.) for the education of the Hospital Corps novice. The men are trained for four months in the various

branches pertaining to their future duties, are instructed in all phases of the care of the sick and the wounded, in the application of first aid dressings, observation of symptoms, administration and uses of medicines as far as their duties are concerned, in the preparation of diets and convalescents' foods, details of ward management, etc.

An emergency case, with medicine in tablet and pill form, with a hypodermic syringe and H. tablets and an instrument

The front centre tent as administration and office tent. Here arrangements are made and changed, orders issued and enforced; here the keys to all other departments are kept, the work of the individual watcher approved or disapproved, records of patients and of personnel prepared and preserved and all clerical work performed. This tent is equipped with the field desk, which contains medical and military books, blank forms, stationery, writing material, etc; and when



FIELD HOSPITAL, SAN FRANCISCO, CAL.

case with a limited number of instruments is carried by the non-commissioned officer of the Hospital Corps. The orderly pouch—a pouch devised for surgical work outside of the hospital grounds—containing surgical appliances, chloroform, ligatures, instruments, etc., is carried by orderlies for immediate disposal of the medical officer.

A complete field hospital is pitched in three two-section rows, with three tents to a section and single tents in front and in the rear of the sections, utilized as follows:

opened reveals a comfortable pigeonhole desk—an office in miniature.

The dispensary tent is situated to the right of the office tent. Here patients are received or admitted, sick call held, medicines prescribed and issued and treatment administered. All medicines and utensils are carried in the medical chest and six reserve boxes with a supply for six months. The solids are furnished in tablet or pill form. Special provisions are also made for such tablets as are usually prepared in solution, and known as liquids only—paregoric tablets,

Brown Mixture tablets, belladonna and camphor liniment tablets (dissolved in alcohol when needed), nitroglycerine tablets, chloroform comp. tablets (similar to Squibbs mixture), etc. Very few liquid medicines are supplied, mainly chloroform, glycerin, castor oil, turpentine, alcohol, aromatic spirits of ammonia, sweet spirits of nitre. Really surprising and wonderful is the compactness of the medical chest. The volume of material which can be spaced into this limited chest through clever utilization of space, when unpacked, almost totally equips the whole tent. It contains eighty-four distinct articles—a graduate, mortar and pestle, pillule, stethoscope, stomach tubes (2), atomizer, syringes, trusses (3), about fifty medicines, medicine vials, corks, pill, powder and ointment boxes, plasters in cans, towels, report book, medicine glass, teaspoon, measure, test tubes, thermometers, etc. The chest is easily unpacked, but requires a well-posted packer to be restored again into original compactness, a task rarely accomplished by the novice. The acetyline illuminating outfit, the hospital gas plant, is usually operated in this tent, leading the gas—generated by the union of calcium carbide and water—through rubber tubes into the various tents.

In the third front tent is housed the Hospital Quartermaster Department, which takes care of the hospital property and the transportation, which records, receives, stores and issues the property and the various supplies and which moves and transports the hospital whenever necessary. Eight four-horse army wagons suffice to load the entire hospital property for transportation.

A spacious street (about eighteen feet wide) separates the front row from the rows of ward tents, which are usually

pitched in three two-section rows, three tents to each section, comprising a total of eighteen ward tents.

The front tent of the surgical tents (usually behind the dispensary tent) is used as operating tent, being especially convenient by close connection with the ward and not exposed to full view, as is the case with the front tents.

The white enamel operating table in the centre is surrounded by the surgical chest, the sterilizer chest, boxes with dressings, surgical appliances, etc.

The surgical chest, although not larger in size than an average travelling satchel, contains surprisingly extensive contents, composed of a very complete surgical department in miniature. It contains among others a case with about 100 instruments, a small case for handy use, with about 18 to 20 instruments; an aspirator in case, a case with tooth extracting forceps, anesthetics and inhalers, bandages, dressings, catgut, sponges, spongeholders, antiseptics and, last, but not least, a handbook on surgery (Hofnagels).

The sterilizer chest is equipped with a hot air and steam sterilizer, with a blue-flame oil stove, with the necessary agate and wire trays holding rubber basins, rubber gloves, aprons, towels, sheets, brushes, soaps, phenol, cresol, bichloride tablets, splints and bandages, with a complete stone filter and universal tool outfit and all necessary material required for a safe and efficient sterilization of instruments and dressings and disinfection of non-sterilizable material.

The dressings are packed in small packages which are specially prepared for the field under the strictest method of modern surgery. Their sterile condition is preserved by a secure and permanent packing, impenetrable by air, moisture,

light and outside influences in general, gauze, cotton and cotton dressings are wrapped in several layers of paper and cloth in outside wrapper of cardboard, which is impregnated and covered with a film of paraffin or wax. This makes the package waterproof. First aid packets are usually wrapped in cloth or oil-fabric or contained in a metal case (not easily penetrated or broken, but easily opened whenever required). Boxes about two inches square hold forty-eight compressed sponges in disk form. Their bulk is reduced to a minimum, but is regained when thrown into solutions. In the latter condition they would require the space of about twenty times this dimension. Supplies are usually resterilized before use and invariably submitted to different methods of disinfection in case of the slightest doubt.

The operating tent is illuminated brilliantly with a four-burner cluster.

The wards are equipped with folding furniture and bedding units, one unit to the tent, containing 1 table, 2 chairs, 6 cots, 18 cots to the section and 108 to the hospital. The bedding unit contains blankets, pillow cases and slips, mattress-covers and bedsacks, mosquito-bar, sheets, towels, rubber cloth and gowns. Reserved units are kept in readiness should it become necessary to increase

the hospital bed capacity. The cots are arranged in such a manner as to allow space for a centre street for free passage. Ample space is provided for the furnishings in every department by clever arrangements and rational utilization of space.

In the rear of the hospital are the kitchen tents, the dining tents and minor departments. In larger establishments usually two kitchens are operated—one for the patients' diet, the other for regular fare—for the benefit of the personnel.

The Bussicott field range—used all through the army—is also here used, associated with the field chest, containing pure foods and dietary, as malted milk, chocolate, sugar, oatmeal, rice, condensed milk, beef extracts, etc., and the mess chest, containing tableware and utensils for 108 patients. Patients are comfortably and safely housed and as well taken care of as if enjoying the comforts and conveniences of a permanent hospital.

Nothing is spared and no means neglected to add to the welfare of the sick or wounded soldier in the field, to improve his condition, to speed recovery and restore health.

Fresh air and good ventilation are plentiful and add considerably to this record of success.



U. S. HOSPITAL COMPANY AT DRILL.

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Making the Best of Things

EDITH M. RICE.

THE resources of the hospital are too often unobtainable when we find ourselves in the homes of the average patient. It is quite impossible, too, to carry all we need in our already overloaded grips or suit cases. So we must be ready and willing to make the best use of what we have.

Many a patient in moderate circumstances has been made to feel embarrassed and hurt by the nurse's continual reference to the fact that this is required and another thing is lacking, and that certain toilet articles, such as mouth washes, etc., are indispensable, while a silent managing on the part of the nurse would have saved much worry and additional expense to the already overburdened household.

A few hints as to how some nurses have managed under above circumstances, if not already known, may prove of value.

Do not forget the value of salt as a mouth wash, tooth powder or gargle. A little vinegar added to the gargle is very refreshing. Salt in the bath is the best known stimulant for the skin, preventing bed sores and toning the system generally. A little salt sprinkled on the wick of a candle will increase its brilliancy.

When plenty of fresh linen is unavailable for your tray, remember that pretty Chinese paper napkins may be used to great advantage, as they are inexpensive and come in all patterns. Pure white may also be obtained.

A convenient night light for a sick-room in a country house may be invented by hanging a lantern from a hook

screwed into the bottom of an upper window sash. The light within the room may be regulated by raising or lowering the shade. This obviates the heat and odor from an ordinary lamp in the room.

Newspapers make good mattress covers, pads, protective coverings for the carpet or floor in obstetrical or surgical work, or they may be worn about the body to protect from cold.

A pack wringer may be made from two sticks made from broom handles and a heavy towel, stitched at both ends, into which the sticks are slipped. Always turn the towel on each side so that a pocket is formed in which the hot flannel is placed.

Baby's bottle may be conveniently cleaned with broken egg shells. Do not pour boiling water into milk bottles. At first rinse with cold water.

Two chairs, turned with backs up, make a more comfortable back rest than does one chair at the head of the bed.

Two hot water bags, one under each hip, may rest a patient when an air cushion does not. Partly fill bags with water.

Small pillows, which are so necessary about a helpless patient, can be easily and cheaply made from old muslin pillow cases. They can be filled with excelsior, cotton, wool or even straw. Feathers are preferable, and often an old sofa cushion which is of little or no value may be ripped and utilized.

A pickle bottle makes a good male urinal.

A tin cup—the large old-fashioned variety—with one side bent like a spout makes an excellent female urinal.

A temporary Kelly pad can be made

by rolling a sheet tightly the required length and pinning over and around it an ordinary table oil cloth or rubber sheet, folding it in pleats at the outlet. If possible fold rather than pin.

An operating table can be made of two small tables of the same height instead of having to use a large ungainly kitchen table.

An extension table drawn out at full length and two boards put across opening makes another good operating table, the two ends doing duty for dressings, etc.

When a speculum cannot be procured in case of an emergency, a bent table spoon is a good substitute. The spoon is bent at a point between the handle and the bowl, the convexity beneath. The spoon is lubricated and the convex side slipped gently in. Packing is done more easily in this way.

A douche pan may be improvised in the following manner. Put bed slats on chair, which is on a level with the bed; let the other ends rest on basin under patient. This forms a support on which buttocks rest.

A board placed across the bottom of a bath tub will also serve the same purpose if patient is able to be about, or a towel folded thickly and placed around the edge of a china wash bowl makes a fairly comfortable bed or douche pan. Still another way is to put a board across one end of an ordinary washing pan. This last is perhaps the best and most comfortable.

The small soap dish which is found on every wash stand is invaluable as a pus basin in lieu of the crescent basin.

A bright spoon fastened behind a candlestick will act as a reflector when it is necessary to look into the throat or other cavity.

A sheet folded obliquely and fastened to the head and side of bed forms an excellent screen in a small bedroom. Mosquito netting also makes a good screen.

A resourceful nurse, in difficulty as to what to do for sheets, took a white window shade which was not in use. While rather stiff, it served as a good draw sheet.

Chairs turned over with legs tied together will make a cradle in cases of fracture.

In the country a nurse found herself without a fountain syringe. As it was necessary to give an enema at once, the wife found a piece of rubber tubing; two tin funnels were secured; one served as a receptacle for water and the other was attached for a nozzle, the rough tin edge being covered with cotton. Good results were obtained and no harm done. Another nurse once used a teapot in the same way.

Strips of adhesive plaster pasted at regular intervals on a pickle bottle make an excellent graduate. Be sure, however, to mark the first ounce correctly.

A physician in a dilemma once used a goose quill as a catheter. Another used his pen filler.

A device not altogether impracticable was thought out by a skilful nurse. Hot water was needed with no means to heat it. Two brooms were put across two chairs and a pail swung over them. A lamp was placed beneath, and soon the water began to boil, and the foot bath was given.

Remember that a clean steamer makes a good sterilizer.

A sheet may be made into a tent to relieve the heavy pressure of bed clothing on injured limbs or to avoid warmth on a sultry night in Summer. Sew rings at intervals tightly on a sheet in two or

more rows lengthwise, according to the width required; fasten strong tape to each ring, tying each firmly in a knot. Then draw firmly and evenly and tie securely to head and foot of bed.

A sheet that will not wrinkle under the patient should be made like a pillow-cover, with tapes for tying the ends together.

If for any reason you may not be able to obtain a glass drinking tube use straws. These are better for children, for accidents often occur with the glass.

When it is necessary to cleanse the urinary and genital regions, instead of using cotton pledgets or gauze, pouring warm water over the parts from a small pitcher is soothing, pleasant and agreeable, while it prevents contamination in objectionable diseases.

Stiff brown paper will serve as a funnel when it is impossible to get glass or tin.

Towels answer the purpose when no bandages are available.

Nurses often complain of the low beds over which they have to work. A bed may be securely raised in the following way: Cut from a 4x6 joist four lengths, each measuring 14 inches; in the top of each length with a two-inch auger bore

a shallow hole one inch deep. In case of sickness set the props in place (one beside each leg), remove casters from legs of bed and lift bed, allowing the end of each leg to set in shallow hole bored in top of each piece of joist. To make things secure fasten the blocks to wall with hinges. This is a very simple device, yet it will save a nurse much fatigue. This will cost 50 or 60 cents. Boxes of the same height may be slipped under head and foot of bed.

A salt rub may be given in a bath room by first sprinkling the patient with warm water from a watering can. The patient is then rubbed with salt and then sprinkled again with warm water, finishing with a dash of cold.

An ingenious missionary, while working in Sumatra with the natives, used to make syringes from branches of trees. He would take a lith and remove the centre; this he would reinsert after cutting in certain convenient lengths. As the centre portion would fit snugly, it made an excellent piston syringe. These he used in treating the natives when they came to him with abscesses, etc.

Remember, with fire, water, salt and newspapers we will seldom be embarrassed in any emergency.

Hysterical Patients

"They must learn to grasp the philosophy of 'grin and bear it,' and must be stimulated to a certain pride in feeling that they are no longer shorn lambs that need the wind tempered for them, but that they can acquire a certain poise and stability that will enable them not

only to withstand but to help others less strong to cope with their difficulties."—From *Nursing the Insane*, a new book by Dr. Clara Barrus, woman assistant physician in the Middletown State Homeopathic Hospital, Middletown, N. Y.

Nurses' Examination Questions—District of Columbia

ANATOMY, PHYSIOLOGY AND HYGIENE.

1. Mention two long and two flat bones; locate each.
2. Mention three kinds of movable joints; give an example of each.
3. Name chief respiratory muscle.
4. Name divisions of alimentary canal.
5. Mention principal waste products and how each is eliminated.
6. Where is the lachrymal gland located; what does it secrete?
7. What is the action of the pancreatic juice?
8. Why is abundance of fresh air and sunlight important?
9. What is the best method of ventilating and heating a room?
10. What precautions should be taken as regards drinking water; what is the average daily amount necessary to good health?

MEDICAL NURSING AND EMERGENCIES.

1. Give in detail the care of patient and sick room.
2. Name the different kinds of pulse and respiration.
3. How would you give artificial respiration?
4. Give care of bed sores and the care for prevention of them.
5. (a) What are the complications of typhoid fever? (b) What nursing measures may be used for same?
6. Describe how the bladder should be washed out.
7. Give treatment of infantile convulsions previous to doctor's arrival.
8. (a) What nursing measures may

be used in hemorrhage from the stomach and lung? (b) Differentiate both.

9. What are the most important things to be done in pneumonia?
10. What is commonly used to eliminate poison in case of coma from nephritis?

MATERIA MEDICA.

1. What is meant by physiological action? What is toxicological action of a drug?
2. Is there any error in the following? If so, correct same: "If patient's skin is dry and pungent give Atropine Sulphate, gr. 1-100 by mouth; if perspiring profusely give Pilocarpine gr. 1-12 at 8 p. m. to-night."
3. What is a cathartic? How may they act? Name a cathartic which is beneficial in dropsical conditions.
4. Give dosage for the following: Strychnine sulphate, Atropine sulphate, Nitroglycerine, and Morphine sulphate.
5. Give antidotes for poisoning by: Carbolic acid; Opium; Chloral; Arsenic.

DIETETICS.

1. Name three foodstuffs rich in albumen in the order of their importance.
2. Describe process of digestion and absorption of albuminoids.
3. What is the object of cooking vegetables and of cooking meats?
4. Give frequency of feeding patient on liquid diet and on plain diet; why the difference?
5. Name any two diseased conditions which may be brought about by dietetic error; state how.

OBSTETRICS AND GYNECOLOGY.

1. (a) What is pregnancy? (b) What are the signs of pregnancy?

2. Name bones of the pelvis and the generative organs of the female.
 3. Give diet of nursing mother, mentioning foods of special value and foods that you would avoid.
 4. What effect does constipation have on the mother's milk; what is the result with the baby?
 5. What care would you give an infant immediately after birth?
 6. (a) What is the pulse of a child at birth; at one month? (b) How would you take a baby's temperature?
 7. (a) What is abortion? (b) What is premature labor? (c) What is extra-uterine pregnancy?
 8. What is post-partum hemorrhage; what would you do to control it while awaiting the arrival of physician?
 9. Name three positions in which gynecological patients are placed for instrumental examination; describe one of them.
 10. Give statement of after care of a case of perineorrhaphy.
- SURGICAL AND CONTAGIOUS.
1. (a) What do you mean by "general anaesthetic?" (b) Give examples.
 - (c) How would you prepare a patient for same if the doctor gave no orders?
 2. (a) What dangers are to be looked for after abdominal section? (b) What symptoms would lead you to send for the doctor?
 3. What nursing care would you give a patient after abdominal section?
 4. Why is it necessary to take temperature as long as there is an unhealed wound?
 5. What is a fracture; define simple and compound.
 6. What special care would you give fractured femur; how would you change under sheet in such a case?
 7. (a) How would you sterilize instruments? (b) Are instruments with cutting edges to be treated the same as others?
 8. What are the dangers to be expected from scarlet fever; how would you try to prevent them?
 9. What means would you use to prevent the spread of scarlet fever, diphtheria and measles?
 10. If you have no chemical disinfectants what means can you use to disinfect clothing and bedding?

Heat

Heat is one of the most important stimulants to living cells. The hot bath is the most common means of applying heat as a therapeutic agent, and is useful in a great number of conditions; it is contraindicated in plethoric individuals and in advanced tuberculosis. The usefulness of local applications of hot water is well known. The general hot douche is a remarkable means to bring blood to the surface of the body, to accelerate the circulation, etc. Nothing is more cleansing than the moist vapor bath, since it cleans out the pores from within by the expelling force of hypersecretion.—New York Medical Journal.

Department of Army Nursing

DITA H. KINNEY

Superintendent Army Nurse Corps

THE two months which have passed since our last notes have witnessed many changes in the Army Nurse Corps. The reduction in the number of nurses required for Philippine service has been the cause of reducing the corps to a smaller number than it has ever been since its organization. In Manila the beautiful home which was made over to meet the needs of the large body of nurses there has been given up, and those on duty in the Division Hospital have been moved into the quarters formerly occupied by the doctors on duty in that hospital. The latter moved out one day and the nurses moved in on the next. At present the quarters are not sufficiently large for the comfortable accommodation of the fourteen nurses occupying them, but a large addition is being hurried forward and when it is finished everything will be as it should be. The location of the quarters nearer to the hospital does away with the necessity for transporting the nurses to and fro in an ambulance.

The stork has been exceedingly busy in the Philippines, and is held responsible for the addition of a little daughter to the family of Dr. and Mrs. Herbert Manning. Mrs. Manning was Edith Griggs, an army nurse. This ubiquitous bird also left a little girl at the house of Mrs. Harriet Fishtorn Seizer, and a son and heir in the home of Mr. and Mrs. William Tracy Page. It is scarcely necessary to add that the latter was Lucille Flick, late Chief Nurse at the Division Hospital.

Tidings of our old associates have been

pouring in of late. We are informed that the old army nurse, Mary J. McKelvey, who is now a Dietist on the Isthmus, is on leave at her home in Michigan. Miss Isabel Bamber, who has also been on duty on the Isthmus, writes a friend quite an ordinary letter and signs it "Isabel Bamber Hinckley," adding at the close, "I will write you all about it." Of course, there can be but one inference. Miss Nora Begg, also an old army nurse on duty in the Isthmus, is reported as engaged to a rising young lawyer in Panama.

An ex-army nurse, now a successful private nurse in a large Western city, writes: "There is scarcely a day passes that I do not find occasion to feel grateful to, and proud of, my eight years of army service, and I have never regretted one minute of the time spent as a member of the Army Nurse Corps. A few weeks ago I was nursing for a very conscientious and particular doctor, when he said to me, "I do not give you as many orders as I do to most nurses because of your large and unusual experience." Wasn't that a feather in the cap of the A. N. C.? I have been busy all Winter and Spring and have been well and happy, but as soon as I have a few idle hours, I find myself longing for a sight of the troops on parade; the strains of the band, or the bugle calls, and I feel as if I *must* go where I can see and hear these things once again. I fear there is no denying the fact "that once a soldier always a soldier."

Sara Burtiss Myer, recently discharged from the corps, is at her home devoting all her time and care to an invalid mother.

Ex-Chief Nurse Christiana Bauer is in charge of the Commissary Department at Urias Hospital, Mazatlan, Mexico. A hospital was established for the convenience of those in charge of the railroad construction in this section of Mexico. There are two doctors and three nurses. It is thought that later on young Mexican women will be taken into the hospital for training in the work of nurses, though the hospital is not to be continued after the road is finished.

Miss Anna Hanbury, who some time since went to the City of Mexico as assistant to Miss McCloud, in the new General Hospital, has, since her resignation from the post, been in charge of a smaller hospital in that city. She has also done much private nursing, as has Miss Olive Purves, formerly in charge of the nurses at the American Hospital, same city.

Governor Buchtel, of Colorado, has appointed our old friend, Miss Laura Beecroft to the Board of Nurses' Supervisors of the State of Colorado. He could scarcely have found a woman more competent to fill the place.

Miss Eleanor Clements, who was on duty at the Presidio during the Spanish-American War, a graduate of the City and County Hospital of San Francisco, has accepted an appointment in charge of the Miners' Hospital at Rawhide, Nev.

The sympathy of the Superintendent and members of the Army Nurse Corps is extended to Mrs. Elizabeth Porteous Minetree, who has recently been grievously bereaved by the death of her husband. Mrs. Minetree is at present with her mother in Galt, Ontario, Canada.

Since the last notes the discharges

have been: Chief Nurse Agnes G. Young, late of the Division Hospital, Manila, who came to the United States via the Suez and who is now at her home preparing to take a long rest.

Margaret R. Allwein, discharged at her own request because of expiration of term; Virginia C. Anderburg, discharged in San Francisco; Mary E. Sheehan, lately returned from the Philippines, requested discharge at the expiration of term and was ordered to her home; Ethel F. Cook, discharged for the same reason; Florence Niles, discharged at Fort Bayard; Adelaide Duncan, married (while in the service) at Camp Keithley, P. I., discharged.

The appointments to fill the vacancies thus created have been:—

Edith Margaret Hodges, graduate of Orange Memorial Hospital, Orange, N. J., 1903; Rosa M. Kerr, graduate of the same hospital in 1907, and Paula E. Nordhoff, of the Philadelphia City Hospital, 1894. All of these nurses have been assigned to duty at the General Hospital, Presidio of San Francisco.

Nurses Josephine Riedy and Agnes Astbury have changed places, the former going from the Division Hospital to Zamboanga; the latter, with Sara M. Hepburn, has gone from Zamboanga to the Division Hospital.

Chief Nurse Clara B. White, Zamboanga, having successfully passed the examinations required by regulation, was appointed Chief Nurse February 21.

Nurses Mary E. Craig, Olive V. Kallaway and Mary V. McVan have reported at the hospital at Fort Bayard from the Presidio; Barbara Ziegler and Junia Hattie Latimer have been transferred from Fort Bayard to San Francisco, the latter being under orders to sail to the Philippines July 6.

Amalie Ida Haentsche and Frances Nowinskey sailed from San Francisco for duty in the Philippines Division on June 5. Elizabeth D. Reid sailed for the Philippines on May 5, having at the last moment taken the place of Rosanna M. King, who was under orders for that duty, but who for personal reasons requested that her transfer be deferred for a few months.

Nurse Catharine Smith has returned to the United States from foreign duty, after having spent a delightful month on leave in Japan, arriving in San Francisco May 12.

While the nurses at Fort Bayard have always had a particularly happy and delightful home life—thanks to the care and sweetness of their Chief Nurse—their quarters have never been large enough. Thirty thousand dollars has recently been appropriated for a new home for the nurses, which is to have twenty rooms and every equipment for their comfort. An appropriation of \$200,000 has been made for new officers' quarters at the same place.

The Navy Nurse Corps, so long anticipated and hoped for, is a fact accomplished, and the Surgeon-General of the Navy and his assistants are busily engaged in making arrangements for quarters for the nurses and forming regula-

tions for the corps. It is the intention of Surgeon-General Rixey to have all navy nurses begin their service at the Naval Hospital here in Washington, thus bringing them under direct supervision of the Superintendent of the corps. When their abilities and qualifications have been thoroughly tested they will be assigned to other naval hospitals, occupying at first the naval hospitals in the United States and later at foreign stations. This is quite an ideal way and the Superintendent of the Navy Nurse Corps is to be congratulated on being thus able to select and try the work of the nurses before they are sent away from her supervision and eye. She will thus be enabled to know *who* and *what* the personnel of her corps really is, an advantage which the army has never had. Very early in the history of the Army Nurse Corps the same plan was recommended, but lack of proper quarters and pending the building of a great general hospital at Washington, has kept the matter in abeyance. That most interesting question, *who* shall be selected as Superintendent of the Navy Nurse Corps, is as yet unsettled. Several very well-known ex-army nurses are, it is understood, applicants for the position, but the name of the fortunate one is yet involved in deepest and darkest mystery.

Get Them Interested

"Some one has said that neurasthenia is a disease of the over-employed, and that hysteria is a disease of the unemployed. In this statement we have a hint as to what to do for hysterical

patients. Get them interested and occupied."—From *Nursing the Insane*, a new book by Dr. Clara Barrus, woman assistant physician in the Middletown State Homœopathic Hospital, N. Y.

The Diet Kitchen

Beverages

ROSAMOND LAMPMAN.

PAPER II.

WITHOUT considering plain cold water, there are a great many drinks that may be prepared which are especially valuable, not only to quench thirst and introduce fluid into the circulation, but to stimulate the nerves and other organs, as well as to nourish and build up the body. Beverages may be classed as follows:

The acid drinks, as lemonade, orangeade, fruit waters and punches, plain or albumenized. The starchy drinks, as oatmeal water, toast water, etc. Nutritious drinks, as milk, kumiss, buttermilk, skim milk, chocolate, cocoa. Nutritious stimulants, the egg-nogs, milk punches, wine whey, beef tea, etc.

Ice-cold drinks should not be taken with meals, as they lower the temperature of the stomach, thus hindering the normal secretions of the digestive fluids and preventing active digestion.

Serve cold drinks cold, pass on a small tray in thin glasses or sherbet cups with a few wafers or a thin sandwich. Hot drinks should always be hot, not lukewarm. serve in thin dainty china with a few crackers or a little brown toast.

LEMONADE.

Wash and wipe one large lemon; divide in halves, cut a very thin slice from the middle and squeeze the juice from the remainder into a bowl; add to this two tablespoons of sugar and pour on one cup of boiling water. Strain and set

on ice to cool. Serve in a thin glass garnished with the slice of lemon. Lemonade has a better flavor when made with boiling water, though it may be made with cold water if desired.

LEMONADE, EFFERVESCENT.

Mix the juice of one lemon with one tablespoon of sugar, pour on one cup of ice-cold water, and add to the whole one-half teaspoon of soda. Stir thoroughly and drink while effervescing.

BRAN LEMONADE.

Put one large tablespoon of bran in a bowl and pour over it two cups of cold water, soak over night. Strain and add one tablespoon of lemon juice. Serve very cold.

IRISH MOSS LEMONADE.

Soak two tablespoons of Irish moss thirty minutes; pour off the water and add two cups of boiling water; cook slowly until it forms a syrup. If it becomes too thick more water may be added. Strain and add a little lemon juice and sugar. Serve hot. This is excellent for a sore throat.

ORANGEADE.

Prepare in the same manner as for lemonade, with the exception of a little less sugar. If the orange be a sweet one a little lemon juice may be added.

PINEAPPLE ORANGEADE.

Mix three tablespoons of grated pineapple and one tablespoon of sugar thor-

oughly; pour over this one cup of boiling water and cook for twenty minutes, then remove from the fire and add the juice of one tart orange. When cold dilute with one cup of ice-cold water and serve. Lemon juice may be used in the place of the orange juice with a little more sugar added.

WINE WHEY.

Heat one cup of fresh sweet milk to boiling point, add one-half cup of sherry wine and cook without stirring until the milk curdles. Strain and serve hot or cold.

ORANGE WHEY.

Heat one pint of sweet milk to the boiling point and add the juice of one orange; cook gently without stirring until the milk separates. Add one tablespoon of sugar; when dissolved strain. Serve cold.

PORT WINE SANGREE.

Mix one cup of wine and one tablespoon of lemon juice together, and add one-half cup of water. Grate a little nutmeg over it and serve ice-cold.

APPLE TEA.

Wash and wipe one sour apple; cut it into small pieces without paring; add one pint of boiling water and one tablespoon of sugar; cover and boil until soft, then strain and add one teaspoon of lemon juice; set on ice to cool. This may be given to fever patients or whenever there is much thirst.

GRAPE JUICE LEMONADE.

To one cup of strong lemonade add one-fourth cup of unfermented grape juice. Serve ice cold. Grape juice and lithia water, with a little sugar added, also makes a delicious drink.

CURRANT JELLY WATER.

Dissolve two tablespoons of currant jelly in one cup of boiling water, cool

and add one tablespoon of lemon juice; sugar to taste. Dilute with one-half cup of ice-cold water. Another very refreshing drink may be made by mixing one-half glass of cracked ice with the same quantity of any tart fruit jelly.

ALBUMENIZED WATER.

Put one cup of boiling water, the white of one egg, one tablespoon of lemon juice and one tablespoon of sugar into a covered glass and shake until thoroughly mixed. Strain and serve immediately.

ALBUMENIZED LEMONADE.

Beat one egg to a froth, add the juice of one lemon and two tablespoons of sugar; pour on gradually one cup of cold water; shake until thoroughly mixed, strain and serve.

ALBUMENIZED GRAPE JUICE.

Blend the beaten white of one egg with one teaspoon of sugar, add to this three tablespoons of unfermented grape juice and two tablespoons of cracked ice; serve at once.

OATMEAL WATER.

Stir three tablespoons of fine oatmeal into one quart of sterilized water, cover and stand in a warm place for two hours. Strain, season with a little salt, and cool.

BARLEY WATER.

Blend one tablespoon of barley flour with a little cold water to a smooth paste; then add it slowly to one quart of boiling water; cook for five minutes, stirring constantly; add one tablespoon of lemon juice; cook five minutes longer and strain. Serve cold.

CAUDLE.

Beat one egg to a froth, add one-half glass of sherry wine, one cup of cold arrowroot gruel, one tablespoon of sugar and one tablespoon of lemon juice. Serve cold.

Editorially Speaking

A Matter of Justice

IN the present discussion of training school matters it is greatly to be desired that a spirit of fairness and justice, a spirit of willingness to give credit and honor where such are due, should prevail. This spirit seems to be singularly absent in many who are now prominent in nursing affairs. For instance, nothing could be more unfair than the attempts to persuade people to accept the theory that schools giving a two-year course are of necessity inferior to those giving a three-year course, that they must necessarily attract a lower grade of women; or that nurses who enter such schools enter from commercial motives; or that hospitals that have such schools use them only to obtain cheap service; or that long hours, bad living conditions and a two-year term all belong in the same low class; or that physicians who have advocated shortening the term represent the political and commercial faction of the medical profession. All these statements and insinuations have been made time and again. One cannot but wonder how those who make public such statements can possibly believe them themselves, or how they can fail to see the absurdity and injustice that are apparent in every line.

There have always been at least two classes of schools since the first few years of training school existence. Many of the schools giving a two-year course would be given place by impartial judges in the first rank as to educational meth-

ods, practical results, working hours, general living conditions and intellectual status of pupils. Many of the three-year schools would undoubtedly be placed in second or third or fourth rank when the same tests were applied. Those who make the statements we criticize imply that all who agree with them and accept their theories, all who amiably follow their lead, are high grade people; those who dare to have an independent opinion or dare to disagree are uncultured, unjust, "opposed to progress," working from low commercial motives, very inferior generally.

This is only one example of injustice. There have been many others within the last few turbulent years in the nursing world. Again and again criticisms regarding the underfeeding of nurses in American hospitals have been published. These criticisms have been in no sense of the word constructive or likely to be helpful in improving such conditions if they exist. The criticisms have been made so that no one could tell to which hospitals they applied, and the opinion has prevailed to a certain extent that all hospitals were guilty of underfeeding their nurses. These criticisms of American hospitals have gone by means of the nursing press to every country in the civilized world. They have been commented on in some foreign journals, and evidently accepted as true of American hospitals in general. Now, in our opinion, there is no country in the world that treats its nurses more deferentially or with more consideration than our own

United States, and every nurse should feel a sense of pride in our splendid institutions. There are nurses who are far from being what they ought to be, but it would be decidedly unjust to try to give the impression that all nurses were of the same stripe.

Another example is in the use of the term "cheap labor," or "cheap service," which has been flung at hospitals by hostile critics very frequently of late years. Undoubtedly the training school in all hospitals, large and small, has proven the most economical and satisfactory method of getting hospital patients cared for. But the training of a nurse is by no means an inexpensive procedure, nevertheless. A recent report of a large hospital where training school accounts are carefully kept gives the figures for caring for and training a nurse for three years as in round numbers \$1,180. It cost that hospital \$1.08 a day, or about \$393.12 a year, for each nurse—not such a cheap piece of work as many nurses have imagined. How many of the nurses who have found a useful vocation in the nursing world and a door open to wider opportunities than they would have ever known except through the hospital, could have taken such a course if they had to earn or in some way secure \$1,180 to pay for it? We do not underestimate the service the nurses have given to those hospitals. The hospitals themselves do not underestimate the services of their nurses. They delight to do them honor. The nurses are giving the only thing many of them could give, and what is worth more than money—their personal service to the sick. But when a nurse feels inclined to again use the term "cheap labor" derisively as a "knock" at the hospitals, because they do not endorse all her opinions, she ought to try to re-

member the thousands of young women who have helped by means of exchanging their unskilled labor for training, experience and skill—helped to a position of independence and usefulness they could not otherwise have obtained. Young women give cheap unskilled labor to dressmaking and millinery establishments and pay for board and room while learning. If they want to study medicine or pharmacy or stenography they must first find the money to pay for it.

For years beautiful homes for American nurses have been multiplying. Every year sees many additions to the number of comfortable modern nurses' homes. Never was more consistent effort put forth in any country to provide good homes and living conditions than is being put forth (and has been for years) in this country. And yet, never have American nurses published so many criticisms denouncing hospitals in general for not providing better accommodations. No such caustic criticisms are seen in the journals of any other country, and we get a good many foreign magazines.

None of these new homes, so far as we know, have come into existence because of such criticisms. They came because the time was ripe for such improvements and the money available. Doubtless all hospitals are looking forward to that time. They must first get a start and demonstrate to the public the need. The world was not built in a day. General living conditions in hospitals are constantly growing better. If you look around with kindly eyes you will see evidence of this on every hand. Try to have a little more patience. Try to help your own hospital school and every hospital school—not hurt it. Try by all means to avoid injustice. Remember that there are always several view points from which a

question can be seen. Helpful constructive criticisms, criticisms that kindly show the fault and the remedy, that point out how to do better, that show feasible plans for present improvements, are always welcomed.

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Still another instance is the discrimination against certain schools in the registration laws already passed. In an editorial in the May number of the "News Letter" of Waltham, Mass., this subject is very ably handled. After pointing out that the object of registration as set forth is "greater uniformity in methods of training and a means of discriminating between those women who are sufficiently trained and those who are not," it takes New York for an example and proceeds to show how the law fails of its avowed purpose. The following is quoted from the editorial:

Take New York, for example. The State examiner of training schools visits Waltham, praises the school highly for its efficient training, and yet can find no means of registering its graduates under the registration laws of New York State. Surely there is something wrong with a law that thus fails so signally of its avowed purpose.

One clue to the situation is perhaps found when the official organ of the organized nurses of the United States, an earnest supporter of registration as now instituted, makes such a statement as the following: "One man who gives his nurses a good training in housework but a poor one in nursing has been able to block registration without appearing openly against it." It is thus it characterizes the Waltham training—why ignore the fact?—a training whose high quality is not a mere matter of pride with her graduates but a well recognized fact in the mind of the world in general. Is it not a pity that women who have as wide an influence as the editors of such a journal undoubtedly have, with the con-

sequent opportunities for creating good feeling and helping to solve the many problems that confront the nursing profession, should by thus wilfully misstating facts throw away their opportunities? No one could wish them to change their real convictions. It is quite right they should believe their training the best, just as Waltham believes hers the best; and possibly, narrow though it might be, they might even conscientiously consider theirs the *only* good and thorough training. Their is no need, however, of unjust criticism and hostility. Why cannot all the schools work peacefully together, striving to understand and help each other and to learn one from the other?

Had such an attitude of helpfulness been taken by these leaders in registration not only toward Waltham but toward every one else who has a vital interest in the matter, there would not now be the complaints and criticisms that are so rife. They injure themselves most, but unfortunately they also bring criticism upon the nurses they profess to represent.

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Desirable but Impractical

IN Dr. Sprague's article on State Registration he names two conditions essential to complete success, and which he has not found in any nursing bill he has seen.

The first—every graduate nurse practicing should be registered.

This is the ideal condition, but to so amend the majority of the bills already passed would work a great injustice on a large number of useful, honorable graduates, who cannot register owing to technicalities and to contingencies unprovided for under present bills. To compel every qualified graduate nurse to register before allowing her to practice, we must have laws which will *permit* her to register.

The second provision—that there should be at least one physician on the State Examining Board—has been adopted in several recent bills.

In the Nursing World

ARTICLES IN THIS DEPARTMENT, WHETHER BEARING SIGNATURE OR NOT, ARE CONTRIBUTED, AND DO NOT NECESSARILY REPRESENT THE IDEAS OR POLICY OF THIS MAGAZINE.

Nurses' Association of Pennsylvania.

The semi-annual meeting of the Graduate Nurses' Association of the State of Pennsylvania met in Allentown, Pa., Wednesday, Thursday and Friday, April 22, 23 and 24, 1908, the president, Miss Roberta West, in the chair.

The opening prayer was offered by the Rev. F. Herman, and Mayor Harry G. Stiles gave a most cordial address of welcome.

Dr. William L. Estes, president State Medical Association, extended greetings from his association, with the assurance that they would help us all they could to secure State registration for nurses. He spoke of the inter-relationship and interdependence between physicians and nurses, and recommended organized effort. He gave us good advice regarding our bill and hoped we would soon obtain it.

Dr. Edgar M. Green, of Easton, was our next speaker. He, too, spoke of the close relationship of physician and nurse, and of the necessity of organized effort, and he outlined the scope of the work for the nurse in the future and of her influence upon it, and extended a warm invitation to us to visit Easton if possible.

Dr. C. D. Schaffer, of Allentown, gave a most interesting address—full of inspiration and hope and good wishes and help for us in our efforts to obtain State registration.

A rising vote of thanks was tendered all the speakers, which was given unanimously.

The afternoon session was occupied with routine business—reports of committees, etc.

The resignation of Miss Ellen M. Hunt, chairman of the Legislative Committee, was read and accepted with regret. The secretary was instructed to write Miss Hunt a letter of appreciation for all the hard work done while chairman of this committee.

The Magazine Committee, on account of ill-

ness and pressure of work, reported nothing definite being accomplished, but hoped to get to work in the near future. Miss West was appointed editor, as well as chairman of this committee.

The meeting decided to employ a stenographer for our regular meetings, that we may have verbatim copies of our addresses, papers and discussions.

The Committee on Visiting Nursing, Nursing in Families of Moderate Means and Almshouse Nursing had reached no definite outline or plan of work along these lines.

The Committee on Nursing in Families of Moderate Means is composed of five members, of which Mrs. Lily M. Quintard has been appointed chairman.

Mrs. Moyer, who intends going to San Francisco for the convention of the Nurses' Associated Alumnae of the United States, was asked to represent Pennsylvania, and was so instructed.

The Legislative Committee reported that not much had been done in the past six months. Miss Heldman was appointed chairman of this committee until the October meeting. Raising funds to carry on this work was discussed, and it was decided to send a circular letter to all alumnae associations not represented at this meeting asking for their help. Those present promised to do what they could. Some promised specific amounts individually and for their associations—the funds to be in the treasurer's hands by July 1, 1908.

This meeting also decided to have some one canvass the State in the interests of registration, and Miss West was asked to do this work, as she seemed best fitted for it.

Miss Reid spoke of the work of the Allegheny County Nurses' Association, and of a form of credential given to graduate nurses, and that preference will be given those nurses

holding such credentials by physicians; that the directory is being reorganized, and that only those nurses holding such credentials will be eligible for admission.

Miss O'Sullivan, delegate from the Allegheny County Nurses' Association, gave an interesting account of its history and progress and its financial condition, which merits congratulation.

Miss Pauley spoke of the Lehigh Valley Graduate Nurses' Association, and is hopeful and ambitious and means to arouse the nurses in that section to greater activity.

Miss Brice, for the Lackawanna County Nurses' Association, reports disbanding because of few meetings and indifference of the members, but hopes that they can reorganize, and is going back to begin work.

The treasurer asked what was to be done with members in arrears for dues for four years, and on motion they were dropped from the roll of membership.

Those in arrears for dues for three years will be given until January 1, 1909, after which date they, too, will cease to be members of the association.

Hon. A. G. Demalt spoke to us on our last day's session, and gave us excellent advice as to changes in some sections of our bill, which we feel will be very helpful.

Mrs. John T. Stuart also gave a very interesting talk, which we enjoyed.

The many social relaxations provided for us were most delightful and thoroughly enjoyed and appreciated, and the committee in charge of the arrangements were untiring in their efforts to make us comfortable.

The following applications have been reported:

Held over from last meeting.....	3
New applications.....	99
Admitted	91
Held over.....	11

The next meeting of the association will be held in Philadelphia in the third week in October, 1908.

Miss M. Margaret Whitaker has been appointed chairman of the committee of arrangements for this meeting.

NELLIE M. CASEY,
Assistant Secretary.

New York City.

On May 27 the class of '08, Metropolitan Training School, were entertained at dinner by the superintendent of nurses, Miss Agnes S. Ward, the guest of honor being Miss Jane M. Pindell, our former superintendent.

The dining room was decorated with African grasses, baskets and curios from Congo Free State, and the menus, written in that language on blue and white paper (the school colors), were interpreted by Miss Ward.

From 8 to 10:30 the class entertained their friends in the lecture room, which was decorated with green and red, the class colors.

PROGRAM.

President's Address,

Miss Eleanor Agnes Lynch

Class Poem....Miss Grace Gilmoure Nichols
Class History.Miss Anna Miriam Hassenplug
Piano Solo.....Miss Nellie Victoria Root
Class Prophecy.Miss Maude Lauretta Stanton
Class Critics..Miss Margaret Josephine Barry
Presentation Oration.Miss Alice Cowart Page
Class Song, "Farewell, '08".....Class

Refreshments were then served in the dining room and several speeches made by the guests.

On May 30 the graduating exercises were held in the Solarium, and notwithstanding the most inclement weather about three hundred guests were present.

Hon. Robert W. Hebbard, Commissioner of Public Charities, presided. Addresses were made by Dr. Clinton L. Bagg, Dr. William Francis Honan, Rev. William J. Cartwright, C. S. P., and Dr. J. Wyllis Hassler. The Hippocratic oath was administered and diplomas presented by Mrs. William Kinnicutt Draper, president of the Board of Managers, to the following nurses:

Maude Lauretta Stanton, Alice Cowart Page, Margaret Josephine Barry, Mary Soper, Louise Strong, Helen Sarah Callahan, Anna Burrows Gardner, Margaret Quance, Kathleen Driscoll, Anna Miriam Hassenplug, Eleanor Agnes Lynch, Grace Gilmoure Nichols, Eleanor Teresa O'Rourke, Clara Elizabeth Sheffield, Nellie Victoria Root and Etta Marguerite Frazee.

The Egbert Guernsey prize of \$50 in gold and a certificate of general excellence for the three years, presented by Miss Florence Guernsey, was won by Miss Eleanor Agnes Lynch.



GRADUATING CLASS, '08, METROPOLITAN HOSPITAL, BLACKWELL'S ISLAND, NEW YORK CITY.

Miss Lynch also won the prize for general excellence in the third year, Miss Eleanor Teresa O'Rourke winning the prize for best bedside record.

The prizes for the undergraduates were won as follows: General excellence, Mrs. E. Beatrice Christi and Miss Emily Smart.

A reception was held at the Nurses' Home from 5:30 to 7 and dancing was enjoyed in the Solarium until 12 P. M.

At the annual meeting of the Association of Graduate Nurses of Manhattan and the Bronx the officers for the ensuing year were elected as follows: President, Mrs. F. W. Brockway, Johns Hopkins Hospital; vice-president, Miss A. P. Lyon, Brooklyn Homeopathic Hospital; secretary, Miss A. S. Bussell, Newton (Mass.) Hospital; treasurer, Miss A. Carson, New York Polyclinic Hospital; trustees, Miss A. C. Maxwell, Boston City Hospital; Miss J. C. Stilson, Massachusetts General Hospital, and Dr. T. Spring-Rice, St. Mary's Hospital, Brooklyn, N. Y.

Delegates to the meetings of the New York County Nurses' Association were elected as follows: Mrs. Brockway, Mrs. Moore, Miss Carson, Miss Bussell, Miss Collins, Miss Stilson, Miss Lyon, Dr. Spring-Rice, Miss Strang, Miss Cooper, Mrs. Schermerhorn, Miss Nicolai, Miss F. Aurell and Mrs. Bolton.

Delegate to the New York State Nurses' Association, Mrs. Brockway.

Meetings of this association are held on the second Monday of the month, from October to June inclusive, at 4:30 in the afternoon, this being the hour best suited to the nurses on private duty.

Nurses who are graduates of registered hospitals are eligible for membership.

This association was formed six years ago to provide a local society for nurses, graduates of hospital schools in other cities, who are practising in New York City, giving such nurses, through this society, full representation in the New York County and the New York State Nurses' associations, to all meetings of which societies delegates are sent.

Requests for further information may be sent to the president, Mrs. F. W. Brockway, 183 West Seventy-third street, or to the secretary, Miss A. S. Bussell, 1947 Broadway, room 326, New York City.

Buffalo, N. Y.

The annual luncheon of the Nurses' Association took place at Miss Vincent's tearoom. Covers were laid for ninety, the table being artistically decorated with honeysuckle and each member present wearing a small corsage bouquet of lilies of the valley. After the luncheon, the last business meeting of the season took place at the Women's Union Building. Annual reports were read and the election of officers resulted as follows:

President, Miss Nellie Davis; first vice-president, Miss Kate Kennedy; second vice-president, Miss C. L. DeCue; recording secretary, Miss Laura Mullen; corresponding secretary and treasurer, Miss Gertrude W. Boyd; New York State Federation secretary, Miss Amy Poole; Western Division, New York State Federation secretary, Miss Katherine Meagher; trustee, Miss Olivia Moore; directors, Mrs. H. D. Storck, Miss Allie Lindsay, Miss Margaret Kamerer and Miss Jessie McIntosh.



Orange, N. J.

A board of governors has recently been organized to support and control the work of the Visiting Nurses' Settlement.

It is hoped that in the near future a visiting nurse for contagious diseases may be added to the corps of residents.

A three months' course in visiting nursing, including experience in medical, surgical, obstetrical nursing and the outdoor treatment of tuberculosis, under competent supervision, is offered.

Living expenses at the settlement and \$20 per month salary are given.

Further particulars can be obtained from the head worker, Miss Honora Bouldin.



Paterson, N. J.

The annual meeting of the Alumnae Association of the Paterson General Hospital was held at the hospital on Tuesday, June 2. Fifteen members present. An interesting meeting followed, with a letter from our delegate to the Associated Alumnae convention and a paper on district work. Officers elected as follows: President, Miss G. M. Carmichael; first vice-president, Miss Jean R. McDonald; second vice-president, Mrs. M. E. O'Neil; re-

cording secretary, Miss Florence Demarest; corresponding secretary, Edith Cooper; treasurer, Miss Mary Welch. At the close of the meeting a reception was tendered the members of the graduating class.

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Philadelphia, Pa.

The commencement exercises of the graduating class of the Philadelphia Lying-in Charity Nurse School were held in the New Century Drawing Room Tuesday evening, May 12.

The following programme was much enjoyed: Overture by orchestra; entrance of officers and nurse class; soprano solos by Mrs. N. Scammon Jones; address, Rev. Floyd W. Tompkins, S. T. D.; selection by orchestra; recitations by Miss Florence Malloy; presentation of diplomas, Mr. G. Colesberry Purves, president; selection by orchestra; benediction.

The graduates are Miss Sara R. Bergey, Miss Elinor M. Driscoll, Miss Minnie J. Caghey, Miss Caroline G. Hall, Mrs. Anna M. Davis, Miss Lulu M. Keim, Miss Sayre A. Perry, Miss Adella C. Frantz, Miss Elizabeth M. Ryan, Miss Edna P. Smith, Miss Rose M. Myers.

At the end of the second section of the Winter term, 1908, nine students received their diplomas at the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia, in the following branches:

In the Swedish system of Massage, Medical Gymnastics, Electro and Hydro Therapy:

Mary Josephine McCloud, Norwich, Conn., graduate New Haven Training School for Nurses, Superintendent Matanzas Hospital, Cuba, and General Hospital, Mexico City, Chief Nurse United States Army.

Bertha Squires, Collinwood, Ohio, Jefferson Park Hospital, Chicago, Ill.

Bino Robin, Warsaw, Russia, Temple University Medical Department, Philadelphia.

Eudora Macleod, Bridgeport, Conn.

Amanda M. Wilson, Germantown, Pa.

Estelle W. Coombs, Wildwood, N. J.

In the Swedish system of Massage, Medical Gymnastics and Hydro-Therapy:

Hannah Stroem, Butte, Mont., graduate Fredericksburg Hospital, Copenhagen, Denmark, and Illinois Training School for Nurses in Chicago, Matron Murray's and Boston and Montana Employes' Hospital, Butte, Mont.

In the Swedish system of Massage and Medical Gymnastics:

Charlotte H. Rolland, Philadelphia.

In Electro and Hydro Therapy:

Kathleen E. Steacy, Montreal, Canada.

The Summer term opens on July 8th, 1908.

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Pittsburg, Pa.

The graduating exercises of the Western Pennsylvania Hospital Training School for Nurses were held in Conservatory Hall Friday evening, May 22.

The exercises opened with music by Gunther's Orchestra, followed by the invocation. Director Arthur A. Hammerschlag delivered the address to the graduates. The diplomas were awarded by President James R. Mellon, and the badges presented by Dr. James W. Macfarlane, president of the staff. Mrs. Grace Hall-Riheldaffer rendered vocal solos, and Mr. Stephen H. Leyshon piano solos. The exercises were brought to a close with the benediction by Rev. George J. Russell, and were followed by a reception.

The graduates are: Mildred Gertrude Hearn, Lydia M. Cunningham, Rose C. Burkett, Bessie Maude Garwood, Emma Penrod Myers, Clara I. Steinecker, Lydia E. Burbridge, Myrtle May Jones, Margaret Jane Leasure Kline, Margaret Blanch Hibbert, Alice Helen Prout, Grace Ernestine Beauford, Rose Frances McCullough, Lillian Margaret Simner, Eliza Maybury, Marie Eldred Logan, May Holland. Post-graduate: Mary Trainor. Miss Elizabeth R. Reid is directress of nurses.

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Punxsutawney, Pa.

The semi-annual meeting of the Adrian Hospital Nurses' Alumnae Association was held at Adrian Hospital, Punxsutawney, Wednesday afternoon, June 3, Miss Harriet Bright, president pro tem., presided. Those present were Mary Moore, Jennie Davis, Harriet Bright, Barbara Hutchinson, Elizabeth Hunger, Anna Hunger, May Hall, Margaret Farra, Lucy Osler, Erie Smith, Nellie Elder.

New members enrolled, four, namely, Martha Hoover, Fannie London, Mary Basim, Martha Battenhorn.

The usual business being transacted, officers for the ensuing year were elected as follows: President, Mrs. C. R. Stevenson, re-elected;

vice-president, Erie B. Smith; secretary, Nellie Elder; treasurer, Margaret Farra.

The report from the Furnishing Committee for the alumnae was read and approved. A vote of thanks was tendered to those who so generously contributed to this fund.

It was voted that an alumnae reunion be held the first Wednesday of each June at Punxsutawney. All members are especially requested to attend this reunion.

The meeting adjourned to meet the first Wednesday in December at the Adrian Hospital, Punxsutawney.



Columbus, O.

The graduating exercises of the class of 1908 of the Columbus State Hospital Training School for Nurses were held in the amusement hall of the hospital on the evening of May 19, 1908. The hall was beautifully decorated with palms and flowers and the class colors, yellow and white.

The exercises were opened by an invocation by Rev. N. W. Good, followed by music from the State Hospital orchestra; introductory remarks by Dr. George Stockton, superintendent; address to the graduates, by Dr. J. Edwin Brown; presentation of diplomas, Hon. H. H. Green, president of the Board of Trustees; presentation of school badges, Dr. George Stockton; benediction, Rev. N. W. Good. A reception was held in the administration department after the exercises.

The graduates are Katherine Cecelia O'Hearn, Josephine Ethyl Phelps, Helen Madaline Scheiderer, Osa Neil Sinkey, Nina Beatrice Huddlestun, Anna Winifred Kennedy, Minnie Marie Anstead, Estle N. Edwards, Dell V. Hicks. The class motto is "Not finished, but begun." The superintendent of nurses is Miss B. Matilda Unger.

The regular monthly meeting of the Graduate Nurses' Association of Columbus was held May 6, 1908, at the residence of Miss Stewart, No. 44 South Washington street. The meeting was well attended and the regular business transacted. Dr. James Rector gave a very interesting lecture, the subject being "Diagnosis, Cause and Treatment of Atony of the Stomach Muscles."

Cincinnati, Ohio.

The midsummer meeting of the Cincinnati Hospital Alumnae Association was held June 1 in the parlors of the Nurses' Home. Very little business was transacted. The association voted to award a medal for general excellency to one member of each graduating class.

The Endowment Committee reported increase in bank account.

The evening closed with refreshments and entertainment.



Detroit, Mich.

The eighteenth graduating exercises of Grace Hospital Training School were held in Chaffee Hall on the evening of May 19.

The intermediate and junior classes entered the hall first, and remained standing until the graduating class, led by the principal of the Training School, with the assistant and other supervisors, took their places.

The pretty hall was well filled with the friends of the graduating class, representatives from the different boards of the hospital and other friends of the school and hospital.

A very pleasing musical programme was rendered. The graduating address was delivered by Dr. Oscar Le Seure, president of the Medical Board. Dr. Obetz presented the school badges, with a great deal of good advice. The Rev. John Boyd, of the First Presbyterian Church, delivered the invocation.

Directly following the exercises the Ladies' Board of Managers tendered the graduating class a most beautiful reception in the "Helen Newberry Nurses' Home."

The home, beautiful at all times, looked like fairyland. Pink and white, the colors of the school, as well as the uniforms, made everything very bright and pretty.

The decorations throughout the home were the handiwork of the intermediate class, and were much admired by every one.

The quantities of flowers the class received would make one almost think that they were the most fortunate class ever graduated.

The following evening the undergraduates entertained the class at a well-arranged dance in the Nurses' Home.

At one time in the evening there were probably two hundred people dancing.

All expressed themselves as having had a very jolly time.

One of the most pleasing features of the evening was the fact that all the nurses and supervisors were in uniform, the principal being the only one of the household in evening dress.

The names of the graduating class are as follows: Miss Sadie Brown, Miss Ina May Osterhouse, Miss Amy E. Kuhn, Miss Margaret E. Lamond, Miss Meta Fraser, Miss Tannelholz, Miss Mary Elizabeth New, Miss Florence E. Welch, Miss Odessa Sheppard, Miss Hughine MacPherson, Miss Grace Glendenning, Miss Eletha Rutherford, Miss May Herrick, Miss May Phillips, Miss May Wallace, Miss Gertrude Withan.

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Ann Arbor, Mich.

Nine nurses graduated from the training school of the University of Michigan Hospital May 19, and received diplomas from the hand of Dr. Angell, president of the university, who gave these young women kindly greeting and words of commendation in the work they have chosen to do.

Rev. Caroline Bartlett Crane, of Kalamazoo, gave an address to the graduates, in which she commended the grand work of the sisterhood, and said it was one calling for the highest ideals and for the best women of the world.

Prayer was offered by Rev. Carl S. Patton, and Miss Leila Farlin gave three vocal numbers on the programme.

The functions were held in the Palmer Ward, which was decorated with flowers and Japanese lanterns. Refreshments were served and dancing was enjoyed by the many guests at the close of the exercises.

The following are the graduates: Gertrude R. Chibbuck, Maude Mabel Davis, Bernice Lillian Wortmen, May Elizabeth Tuomey, Lillian Elizabeth Burke, Florence Jeanette Price, Ada M. Forrest, Florence A. Culbertson and Genevieve Gillespie.

The Nurses' Alumnae Association held the annual meeting at Mock's Tea Room May 29, when luncheon was served. The members of the graduating class were the guests of honor. The following officers were elected: President, Miss Fanline Pemberton; vice-president, Lydia Schmeising; secretary, May Williams; treasurer, Helen Sellman. The president was

chosen delegate to the State Association meeting in Ludington June 30 and July 1.

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Minneapolis, Minn.

The Hennepin County Graduate Nurses' Association held its regular monthly meeting Wednesday, May 13, at the residence of Dr. Marion A. Mead, registrar, No. 1502 Third avenue South.

In the absence of the president, Miss Edith P. Rommel, R. N., Miss C. M. Rankeillour, first vice-president, took the chair.

Following the business meeting Mr. E. G. Basset Park, Davis & Co.'s representative, demonstrated the making of junket from their Rennin tablets, and served junket and strawberries to forty-six nurses from the Dutch kitchen.

As the nurses were leaving they were presented with flasks of lunch tablets sent by Horlick's Malted Milk Co., of Racine, Wis. These neat souvenirs added greatly to the "nurses' jubilee" over the message received from Miss Rommel to the State: "We are to have the convention, 1909."

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Lincoln, Neb.

The commencement season will be long remembered by the class of 1908 of the Dr. Benj. F. Bailey Sanatorium Training School for Nurses, Lincoln, Neb.

The class was delightfully entertained by Dr. May L. Flanagan, and also the class and leap year escorts by Dr. and Mrs. Erle B. Woodward.

On May 9 the juniors gave the class a novel and original banquet within the four walls of the nurses' parlor. Newspapers for chairs and for refreshments water crackers and toothpicks were served. A "dummy" was introduced, bearing all the characteristic dignity of the senior class.

However, on May 12 the juniors gave a very elaborate banquet in the Sanatorium dining-room. The seniors felt more than compensated for the previous one.

The feeling of good-fellowship prevailed and sealed a lasting friendship between the two classes. All were glad to be at Green Gables.

On May 14, the commencement exercises were held at the M. E. Church, Normal. The class was indeed fortunate to have such a man

as Dr. P. S. Hall, of the Central National Bank of Lincoln, to address them on "The Value of Ideals."

It was a simple, forceful, heart-to-heart talk. It was a revelation of Dr. Hall's life, whose ability, honesty and true worth are recognized, not only by the community, but by the entire State.

Miss H. J. Fisher gave a splendid report of the work of the training school. The school opened six years ago with three pupil nurses, but now maintains a corps of twenty-two nurses and three graduates. The profession of nursing opens a larger field of usefulness to many worthy young women and young men.

Miss Antoinette Abbott sang three selections in her characteristic pleasing manner. The accompaniment was played by Miss Carrie B. Raymond.

After the presentation of diplomas by Dr. Benj. F. Bailey in a short address, a reception was held at the sanatorium. The reception room, halls and dining room were beautifully and tastefully decorated in the class colors, red and yellow, in flowers, banners and ribbons.

The class consists of nine young ladies and one young man.

We predict for each one a bright, happy and useful future. They are deserving of every confidence from the medical profession.

The graduates are: Lulu Abbott, Lincoln; Cecil Carpenter, York, Neb.; Cora Higgins, Stella, Neb.; Jennie Higgins, Stella, Neb.; Mrs. Wilsey, Stella, Neb.; Gertrude Keating, Columbus, Neb.; Laura Pugh, Lincoln, Neb.; May Richardson, Fairbury, Neb.; Ernestine Stewart, Corning, Ia.; Frank Purnell, Atkinson, Neb.

The graduates were simply deluged with beautiful flowers and presents of all kinds, and it was a happy week for all at Green Gables.

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El Paso, Tex.

The graduating class of the Providence Hospital School for Nurses held exercises at the Elks' Home on the evening of May 14.

Dr. M. O. Wright presided. Rev. W. E. McLeod opened the exercises with the invocation. The address to the graduates was delivered by Dr. Hugh Crouse. President Dr.

M. P. Shuster presented the diplomas and badges. Vocal solos were rendered by Mrs. Lelia Moore, Miss Sansome and Dr. Breuner. There was a piano solo by Mrs. Richmond and a violin solo by Mr. Stephen Shuster. The Rev. Henry Easter pronounced the benediction. A reception followed the exercises.

The graduates are: Josephine R. Young, Mary Elizabeth Black, Mary Hvidberg, Helga Hvidberg, Marie Sansome. The class motto: "For others." Miss Mary J. Finlayson is superintendent."

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Baltimore, Md.

The graduating exercises of the Maryland Homœopathic Hospital School for Nurses were held Tuesday evening, May 26, 1908. The programme consisted of: Prayer, Rev. E. A. Edwards; conferring of diplomas by Mr. D. W. Williamson, vice-president of the Board of Directors; presentation of pins, Dr. H. M. Stevenson, president of the Training School Committee; address to the graduates, Rev. Ezra K. Bell; benediction, Rev. E. A. Edwards. There was also music, both vocal and instrumental.

The members of the class of 1908 are Maude Eloise Maisch, Laura Virginia Bauer, Blanche Alice Hummer. Miss Mary C. Campbell is superintendent.

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Keyser, West Va.

The Hoffman Hospital Training School for Nurses, of Keyser, W. Va., held its second annual commencement in the high school auditorium on Tuesday evening, May 26. Diplomas were conferred by Dr. Charles S. Hoffman on two graduates—Miss Elizabeth Nesbitt, of National, Maryland, and Miss Adella C. Vink, of Keyser. Ex-Senator Wellington, of Cumberland, made the address of the evening. After the exercises an informal reception was held at the hospital from 9:30 to 10:30 p. m.

Miss C. M. Shertz is superintendent of nurses.

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Brooklyn, N. Y.

The Brooklyn Hospital Training School Alumnae held its last meeting for the season on June 2. The report from Miss Hadden, delegate to the Associated Alumnae convention in San Francisco, was read with much

interest. A strawberry festival will be held in the hospital grounds June 5. Proceeds for the clubhouse debt.

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Wheeling, W. Va.

The Haskins Alumnae Society of Wheeling, W. Va., met June 5, 1908, in the reception rooms of the hospital. The meeting was called to order by President Mary Crump.

in the reception rooms of training school. Delightful refreshments were served.

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Sioux City.

Tuesday evening, June 2, ten young women graduated from the Samaritan Hospital Training School for Nurses, the exercises being well attended by a large audience, including the relatives and friends of the grad-



PROVIDENCE HOSPITAL, EL PASO, TEXAS.

The following nurses were admitted to membership: Miss Nelly Lally, Miss Elizabeth Healy, Miss Bertha Evans.

Miss Lally was elected treasurer to succeed Miss Alice Fowler, who was married June 3, 1908.

After the regular routine of business the meeting adjourned to meet in December, 1908,

uates. The opening prayer and the benediction were given by the Rev. E. H. Gaynor, rector of St. Paul's Episcopal Church. Music was furnished by the Y. W. C. A. Musical Club, Dr. W. H. Hanchett giving the class address, which was interesting and well received. At the close of Dr. Hanchett's address Mrs. J. A. Dean, chairman of the "School

Committee," made an address and presented the diplomas. At the conclusion of the above programme refreshments were served. Those who satisfactorily completed the course of training were the Misses Emma Baersler, Mattie Kruiser, Sybil Hackitt, Jennie Pederson, Alma Erickson, Nettie Morris, Mary Goodale, Marge Pitzer, Lonnie Hayden, Elvira Julius.



New England Association for the Education of Nurses.

The seventh semi-annual meeting of the New England Association for the Education of Nurses was held in Boston, Friday, May 15, 1908, at the Institute of Technology.

The afternoon session was opened at 4 o'clock with Dr. Hugh Cabot presiding. After a brief address on the objects of the association, Dr. Cabot introduced Jeffrey R. Brackett, Ph. D., Director of the School for Social Workers, who took for his subject "The Newer Opportunities Open to Women with a Nurse's Training." This was followed by "Nurses in the Public Schools," Dr. Margaret E. Carley, Supervisor of School Nurses; "Nursing of Convalescent Patients," Miss Annette Fiske; "Nurses in Social Service Work," Miss Eda M. Cannon, Social Service Department of the Massachusetts General Hospital. Among those taking part in the general discussion which followed were Dr. Alfred Worcester and Dr. Palmer.

The evening session was given over to the discussion of the paper "Training Nurses for Institutional Work," by Miss Charlotte A. Aikens, of Detroit, Mich. Dr. G. H. M. Rowe, Superintendent of the City Hospital, Boston, who was to have led the discussion, was unavoidably absent, and his place was filled by Miss Lucy Drown, of the Training School of City Hospital. Others taking part were Dr. Washburne, Superintendent of Massachusetts General Hospital; Miss Dooliver, Superintendent of Nurses, Massachusetts General Hospital; Dr. W. O. Mann, Superintendent of Massachusetts Homeopathic Hospital; Miss Susan Tracy, Superintendent of Nurses, Adams Nervine, Jamaica Plain; Dr. Patch, Dr. Thompson, of Fitchburg, and Dr. Alfred Worcester. These papers and discussions will be published in *THE TRAINED NURSE* at an early date.

Iowa State Association of Graduate Nurses.

The fifth annual convention of the Iowa State Association of Graduate Nurses was held at Sioux City, Iowa, June 3, 4, 5.

The opening session was held Wednesday afternoon at the Mondamin Hotel, the headquarters for the association, with 150 nurses in attendance, Miss Jane Garrod, of Davenport, second vice-president, presiding and making the opening address, in the absence of the president of the association, Miss Alice Slaughter, of Ottumwa, who was compelled to be absent on account of illness.

Right Rev. P. J. Garrigan delivered the invocation and paid the nurses a high tribute.

The Mayor of the city, Hon. W. G. Sears, then welcomed the nurses with appropriate greetings. Miss Anna Goodale, of Cedar Rapids, responding for the nurses.

The principal business proceedings of this session were the presentation of credentials, paying of dues and the reports of committees.

Among the latter Miss Luella Bristol, of Des Moines, the State's delegate to the convention of the Nurses' Alumnae Association of the United States, held in San Francisco May 5-10, gave an interesting report of that meeting. She had a fine display of pictures and post cards to illustrate her talk, and many pamphlets explaining the technical points of interest discussed. Miss Mary Bucknam, of Sioux City, followed Miss Bristol's report with an excellent paper on "Tuberculosis—Its Origin and Prevention," which was a comprehensive review of the progress made and being made in the treatment of the white plague. She placed particular emphasis upon the preventive feature, and advocated particularly the establishment of more hygienic conditions in the city schools. She spoke warmly in praise of the good work done by the "visiting nurses," a class of public workers not yet on duty in Sioux City, but soon to be maintained there.

Mrs. J. W. Tyrrel, of Des Moines, led an interesting discussion which followed the paper.

Miss Wilhelmina Blinn, of Waterloo, then read a paper on the subject of "Dietetics." Miss Esther Maxwell, of Osceola, led in the discussion of the subject, which finished the morning session. The delegation then visited St. Vincent's Hospital and Shenkberg's candy

palace, where entertainment for the morning ended.

In the afternoon the association was tendered an informal reception at the Good Samaritan Hospital by the Women's Christian Association. For the evening's entertainment the Commercial Men's Boat Club gave a reception and dance at Riverside Park, which was attended and highly enjoyed by 150 couples. The grand march was led by Miss Jane Garrod, of Davenport, president pro tem., and Dr. Frederick Roost, of Sioux City. Dainty refreshments were served during the evening.

At the morning session June 4 the concluding reports of committees and the consideration of the important work of amending the constitution took up most of the time allotted. The report of the Credentials Committee showed that the State association has now a membership of 800 and that 520 of these members are Iowa graduates, indicating that training and activity belong practically to the same field.

The report of the Financial Committee, as read by the chairman, Miss Florence Maxwell, of Sioux City, also showed that the organization is established upon a good working foundation.

Following the reports, Miss Helen Balcom, of Dubuque, Superintendent of Nurses of the Finley Hospital, read a paper on "Criticism the Nurse Justly Deserves." In a plain, practical manner she called attention to some failings of the "angel of the sick room." First, she decried a tendency on the part of many nurses to discard the uniform upon leaving the training school, and declared that each nurse should be as careful in adhering to uniform regulations after she has left the hospital as while in training. She also emphasized the importance of promptness in all emergency calls and appointments, and spoke emphatically for a cultivation of the habit of "saving up for the rainy day," stating that economy was not a characteristic prevalent among nurses as a class.

The afternoon session was given over to the settlement for place of next meeting and the election of officers for the coming year. As Des Moines, Dubuque, Council Bluffs and several other cities were all anxious to enter-

tain the nurses next June, a lively contest took place during the election. The two cities first mentioned having the largest delegation present, the two factions battled for supremacy, the Dubuque nurses winning. The convention will be held in that city in June, 1909.

The newly elected officers were: Miss Jane Garrod, of Davenport, president; Miss Anna Goodale, of Cedar Rapids, first vice-president; Miss Abbie Tabor, Sioux City, second vice-president; Mrs. Ida C. Neff, secretary; Miss Killeen, of Dubuque, treasurer.

The convention was closed with an elaborate banquet at the West Hotel the evening of June 5. In the dining room, which was prettily decorated with greens and cut flowers, the newly elected officers, the toastmistress and other speakers were seated at a daintily spread cross table, which formed the base of the large table at which the 160 nurses, guests and hostesses were seated.

Miss Florence Maxwell, who presided as toastmistress, opened the programme of toasts with a neat simile explaining her appreciation of the embarrassment of the little "tug" which knows the "big boat" is following, and, with a tribute to that good friend of the nurses, "The Doctor," introduced Miss Estelle Campbell, of Des Moines, who treated this subject with technical but mirth-provoking skill. "The Line of Duty" was treated by Miss Juliet Kangley, of Sioux City, who expressed concisely and in rhyme the hope that "We to our duties may be true."

Miss Jane Garrod gave a witty talk on "The Nurse," by first burlesquing the talk of outsiders about the "noble, self-sacrificing profession." She then treated in satirical style the "joys of the profession." However, in serious manner she closed by poetically showing the real pleasures and rewards of the nurse's work.

The topic "Three Words" was entertainingly responded to by Miss Elizabeth Trotter, of Ottumwa. Miss Stiles, one of the hostesses of the evening, then toasted the guests, calling them the "cream of the profession in Iowa," and the guests were represented in response by Miss Garrod, who toasted and thanked the hostesses for the splendid entertainment and invited all to attend the next convention in Dubuque, June, 1909.

Married.

At El Paso, Texas, April 22, Elsie Selina Richter to Mr. J. Eugene Root. Miss Richter is a graduate of the class of '03 of St. Luke's Homœopathic Hospital, Philadelphia, and has been quite a successful nurse, having nursed mostly in the States of Pennsylvania and Maryland. She was one of the relief nurses at Butler, Pa., during the 1903-4 typhoid fever epidemic, and holds a certificate for efficient work from there. Mr. Root is a native of Pennsylvania and a graduate of the Pennsylvania State College of Civil Engineering. Mr. and Mrs. Root will reside in Tucson, Arizona, where Mr. Root is engaged with the Southern Pacific R. R. Co.

Miss Ellen Peterson and Mr. H. H. Young were united in marriage on June 4, 1908, at the home of Mr. and Mrs. N. W. Hensley, Tampa, Fla.

Miss Peterson came to sunny Florida six months ago, in search of health. She is a graduate nurse of the Rochester State Hospital, Rochester, Minn., and during her stay here has made many friends. Mr. Young is a very popular young business man, of Tampa.

Miss Alice Fowler, of Martin's Ferry, Ohio, member of the class of 1906 of Haskins Training School, was married June 3 to Mr. Louis Ankron, of Tyler County, W. Va.

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Born.

April 21, 1908, at Division Hospital, Manila, P. I., to Mr. and Mrs. William Tracy Page, a son. Mrs. Page was Miss Lucille Flick, late chief nurse, Army Nurse Corps, in the above mentioned hospital.

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Personal.

Miss H. Alice Morris, of Tampa, Fla., an old graduate of the Rochester (Minn.) Hospital, will join a party in Philadelphia the last of June for a European tour. Miss Morris is a very active nurse in Tampa. While abroad she will visit many noted hospitals on the Continent, and will take a post-graduate course in surgical nursing in Leeds, England, returning to Tampa the latter part of November.

Miss Cora Goldsmith, formerly superintendent of the nurses' training school of the

Protestant Deaconess Hospital, Evansville, Ind., has been elected superintendent of the Methodist Deaconess Hospital at Indianapolis.

Miss Edith P. Rommel, R. N., president of the Minnesota State Board of Examiners of Nurses, who was elected State Delegate and also Representative of the Hennepin County Graduate Nurses' Association to the Convention of the Nurses' Associated Alumnae of the United States, at San Francisco, and Miss Edith A. Gatzman, R. N., the chosen delegate of the Northwestern Hospital Alumnae Association of Minneapolis, remained in California after the close of the convention.

Miss Anna M. Simonson has resigned her position as Superintendent of the Training School for Nurses of the Jewish Hospital, of Brooklyn, N. Y., to take effect June 15, 1908.

Miss Anna M. Sabol, who has been assistant superintendent of the Training School for Nurses, has been appointed to succeed Miss Simonson.

Miss Elizabeth B. Chadwick assumed her duties as assistant superintendent of the Training School for Nurses of the Jewish Hospital, of Brooklyn, June 1, 1908.

Miss E. J. Shepping, for the past year head nurse in the Jewish Hospital, of Brooklyn, has accepted the position of night superintendent in that institution for July, 1908.

Miss Mary Josephine McCloud, of Norwich, Conn., a graduate of the New Haven Training School for Nurses, formerly superintendent of the Matanzas Hospital, Cuba, and General Hospital, Mexico City, and also chief nurse in the U. S. Army, who recently graduated in the Swedish system of massage, gymnastics, electro and hydro-therapy, from the Pennsylvania Orthopædic Institute and School of Mechano-Therapy, Philadelphia, Pa., is acting as assistant superintendent for the Visiting Nurses' Association, Philadelphia, during the absence of the superintendent.

Miss Jessie Higbee, one of Des Moines's well known trained nurses, who underwent a serious operation the latter part of May, is

Summer Intestinal Disorders

That digestive derangement is especially prone to occur in the summer months is only too well known, but while atmospheric conditions may predispose to gastrointestinal disease, it is beyond question that errors of diet most frequently furnish the exciting cause.

Rational treatment, therefore, invariably comprehends careful regulation of the diet, and Benger's Food possesses certain special qualifications that make it particularly useful in all forms of digestive disturbances. These qualifications are:

- (1) Perfect adaptability
- (2) Digestibility
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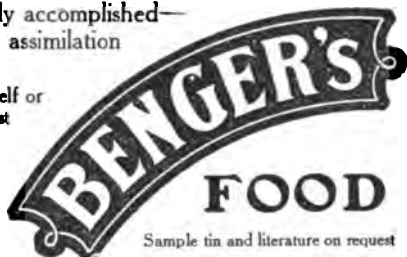
Through the pancreatic enzymes incorporated in the substance of Benger's Food, any necessary degree of predigestion can be readily accomplished—a feature of the utmost importance in promoting assimilation and nutrition under adverse circumstances.

Benger's Food, whether used as a complete diet in itself or simply as a supplementary food, undeniably furnishes the most efficient means of nourishing the sick and convalescent.

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The trial costs you nothing, and will prove that Eskay's agrees with children when nothing else will.

Your name on a postal is sufficient.

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slowly recovering at the Iowa Sanitarium, her early recovery being retarded by her removal with thirty other patients to a fire station near by on the night of June 2, when the institution was threatened by fire, but which was saved with but little damage, and the patients removed but little the worse for the exciting experiences.

Mrs. Dr. Kellogg and little daughter, of Blanchard, Iowa, were guests of relatives and old-time friends in Des Moines during the first week in June. Mrs. Kellogg was formerly Miss Alice Hawkins, of Des Moines, and a graduate of the Homeopathic Hospital Training School for Nurses, Iowa City, class of '89.

Miss Ethel Dunham, class of '07, Homeopathic Hospital, Iowa City, now superintendent of the "Eleanor Moore" Hospital at Boone, Iowa, visited friends and old classmates in Des Moines the early part of June.

Miss Rebecca Myer, who for several years did private nursing in the city, has taken a claim near Billings, Mont., where she has gone to spend the Summer months.

Miss Ethel Walker, chief nurse of the D. A. V. Soldiers' Home at Danville, Ill., visited her sister in Des Moines during the month of May.

Miss Millicent Schaar, for some time connected with the nursing force of the Iowa Methodist Hospital, Des Moines, succeeds Miss Jean Treleaven as head nurse of that institution.

The Des Moines graduate nurses who attended the State convention at Sioux City as delegates and guests were the Misses Dora Bunch, Estelle Campbell, Carrie Lindholm, Flora Patzig, Luella Bristol, Estella Bristol, Daisy Barclay, Jennie Noonan, Rose Mahoney, Edith Russell, Estella Van Horn, Millicent Schaar and Mrs. J. W. Tyrrel.

The following graduate nurses of Cedar Rapids, Iowa, represented the city association at Sioux City June 3, 4, 5: Misses Grace Baker, Mary Pierce, Elizabeth Zangneister,

Jessie Wilson, Anna Goodale, Addie Hart and Mrs. Dora Metcalf.

The Misses Louise Schwarting, Wilhelmina Blin and Ida C. Niff, of Waterloo, Iowa, as delegates from this city, attended the annual convention of graduate nurses at Sioux City, and reported a most excellent meeting and large attendance.

Misses Anna J. Wendel, of Moquokela, Iowa; Carrie Kinley, of Tama; Lulu Allen, Clear Lake, Iowa; Ruth Deming, of Luvern, Minn.; Lillian Alden and Sophia Story, of Mason City; Bertha Bishop, of Cedar Falls; Miss Bowker, of Ottumwa; Violet Carhart, of Mapleton, Iowa—all trained nurses—attended the Iowa State Nurses' convention at Sioux City.

Miss Clara L. Craine and Miss McGrath represented the Davenport Graduate Nurses' Association at the Iowa State convention in Sioux City, June 4 and 5.

Mrs. Fred J. Brockway, R. N., has recently been appointed General Secretary of Stony Wold Corporation, with offices in New York City. Her duties begin in January, 1909.

Mrs. Brockway is a graduate of Johns Hopkins Hospital Training School for Nurses, graduating in 1901.

She has never actively engaged in nursing, but has always been interested in the progress and development of nursing along professional lines.

Mrs. Brockway has registered in her own State, Maryland, also in New York State, as a nurse.

She is President of the Association of Graduate Nurses of Manhattan and Bronx, of City of New York; Vice-President of the New York County Nurses' Society, and Chairman of the Legislative Committee of the New York State Nurses' Association.

Miss Margaret A. Zabel, a graduate nurse of the German Hospital, Philadelphia, and for a number of years associated with this institution, and also a graduate in the Swedish system of massage, medical and orthopædic gymnastics, electro and hydro-therapy of the Pennsylvania Orthopædic Institute and School

HAND SAPOLIO

"Come on in:
The water's fine!"



of Mechano-Therapy, Philadelphia, recently of Gainesville, Fla., has been engaged as head nurse by the latter institution.

Mr. Paul H. Gerhart, of Wernersville, Pa., who graduated in 1905 in electro-therapeutics from the Pennsylvania Orthopædic Institute and School of Mechano-Therapy, Philadelphia, Pa., has received his diploma from the Hahneman Medical College, Philadelphia, and has been appointed resident physician at the Homœopathic Hospital in Reading, Pa.

Miss Mary A. Hagan, of San Francisco, Cal., head night nurse Southern California State Hospital, who recently graduated from the Pennsylvania Orthopædic Institute and School of Mechano-Therapy, Philadelphia, in the Swedish system of massage, gymnastics, electro and hydro-therapy, has returned to California, to be permanently located in San Francisco.

Obituary.

Died at the home of her uncle, Simon Casady, 708 Fifth street, Des Moines, Iowa, on June 2, Miss Grace Choate, daughter of Mr. and Mrs. Henry Choate, of Chicago. Miss Choate was a trained nurse, a graduate of St. Luke's Hospital, Davenport, Iowa, and for some years after her graduation practised her profession in Chicago. Miss Choate's death followed a long illness. The funeral services were held at St. Paul's Episcopal Church June 4, the interment taking place at Woodland Cemetery, Des Moines.

Mrs. Emily E. Woodley, a noted army nurse of the Civil War, died of pneumonia at her home, No. 30 North Fifth street, Philadelphia, Pa., on Friday morning, May 15th, 1908, aged

seventy-three years. On Tuesday afternoon, May 19th, she was buried in Fernwood Cemetery, with military honors befitting the woman upon whom President Lincoln bestowed a captaincy in the army. Tottering blue-uniformed Grand Army men from many of the Posts joined with the representatives of several patriotic societies in rendering full military honors to the memory of "Mother Wilson," as she was called by the soldiers on the field of battle. Just as though one of their own comrades was about to be laid at rest, the veterans stood at salute before the casket, followed it in military order as it was carried out of the house, lined up at the grave, and stood at attention while the firing squad of Camp No. 5, Sons of Veterans, fired a volley over the opened grave. Then the bugler of G. A. R. Post 35 blew the final call of "Taps."

Indeed, the aged men declared, she was a comrade, for she was a regularly enlisted soldier in the great conflict and was tendered a captain's commission by President Lincoln himself in recognition of her gallant service as a nurse on the field of battle. Then, too, she had been the only woman who was ever made an active member of the G. A. R., so she was one of the few that received all the final honors accorded to a fighting man. The services at the house were according to the Protestant Episcopal ritual, and were conducted by the Rev. F. C. Washburn and the Rev. H. Baines, of Christ Church, and the Rev. S. P. Kelley, of St. Barnabas. Seven soldiers, representing the Board of Managers of the Home for Veterans and Wives, acted as honorary pallbearers, as also did eleven nurses representing the alumni of the nurse school of the Philadelphia Lying-in Charity Hospital.



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FEELING PAIN
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The Editor's Letter-box

What Are We Going to Do About It?

To the Editor of The Trained Nurse:

In another magazine I read that out of 140 nurses who had taken the February examination for registration in New York State 66 failed on diet cooking. It seems to me that when nearly half of the whole number trying fail on one subject there must be some fault with the examination paper and the method of conducting the examination. It was remarked to me some time ago that the policy of the New York State Board of Examiners seemed to be to try to find some reason for not registering graduate nurses as well as schools, and this examination and the results seem to show that there is some truth in the remark. A great many examples of gross injustice on the part of that board have been related to me in the past few years. If 66 doctors in one State were deprived of registration at one stroke after graduating from a medical school, I can imagine there would be quite a public furore and the searchlight would be turned on the State Board. No band of 66 men would quietly accept such a verdict. Why should women forever submit to injustice? Personally I have known many hundred doctors, but I have yet to meet one who after graduating was not allowed a license or was prohibited from registering. There are probably a few such, here and there, but they are far from being common.

Some of the questions on that diet cooking examination where 66 nurses are said to have failed would require an expert lawyer or analytical chemist to decide exactly what kind of answer the examiner expected. Take for example Question 2—"What are food adjuncts?" I claim to have a good ordinary knowledge of dietetics, but I could not guess at what kind of answer was expected to such a question.

Question 4 asks "Which food principles contain nitrogen?" If the question had said "Name the principal foods containing nitrogen," I could have answered it, but I could

not say with any degree of certainty what kind of answer was expected to number 4.

Question 6 asks: "Why is air necessary in the utilization of food for the body?" Most nurses, even idiots, know that air is necessary for the body. They know that life could not be continued many minutes without it. Most nurses know that air is sometimes called a food, but to ask why air is necessary to the utilization of food seems an absurd question. Without air the body would be dead. It would not need food—couldn't possibly utilize it if it was poured into it.

Such questions lead one to ask another: What have such absurd questions got to do with the actual daily practice of nursing? Why should 66 nurses be deprived of registration because of their inability to answer such foolish questions?

Here is another. Question 5 asks: "What is a calorie?" Perhaps a nurse ought to know what a calorie is, but if she had a good practical training in a hospital under an experienced nurse superintendent might she not be allowed to register if she never heard of a calorie? Are there not thousands of good nurses practicing who could not answer it? Will any man or woman, nurse, physician or layman, state how the fact that she did or did not know what a calorie was should necessarily interfere with her ability to give good practical care to the sick?

The same question might be asked regarding Question 11: "What food principle is lacking in wheat?" I am ready to say that there are many hundred physicians to-day practicing medicine who could not, off-hand, answer that question. Suppose they could. Suppose a nurse could answer it. Does it follow that because she could answer that question she is a reliable, practical, efficient nurse, or the opposite?

Question 7 asks: "What foods should be avoided in the dietary of a young child?" There is no age limit stated. "A young child"

Coffee and Rheumatism

From careful experiments by a physician who has made an extensive study of rheumatism, it has been shown that the use of coffee as a regular beverage tends to increase the uric acid in the blood and thus to incite rheumatic attacks.

Taking into consideration, also, the action of caffeine on the heart as a stimulant, which, of course, has its reactionary effects, it would seem that the rheumatic has no place for coffee in his dietary—if any one ever has.

In examining the records of many cases of rheumatism—those sub-acute cases in which there is relief for a period followed by a “storm”—it was found that practically all were habitual coffee drinkers, some using black coffee in large daily portions.

Leaving off coffee, in these cases, is frequently the most difficult part of the rational treatment. But that it should be accomplished is without question—if permanent relief is to be obtained.

Postum, made of wheat, including the bran-coat with its elemental salts which play such an important role in cell elaboration, is an ideal hot drink for those individuals who must eschew coffee and tea.

When boiled thoroughly, according to directions on the package, until it is a dark brown liquid containing the nutrient properties of the wheat, postum has a flavour similar to Java coffee. This is seen by chewing a few wheat berries roasted by the makers of postum—the aroma is surprisingly like coffee.

But there is no coffee or other harmful substance in postum—nothing but clean, hard wheat specially roasted, to which is added a slight amount of molasses.

Physicians are becoming more wide awake to the fact that coffee is harmful and that postum is beneficial; and their attitude in the case naturally redounds to the good of the families under their professional care.

Doctor, if you have not yet received *your* copy of the new “Clinical Record” for bedside case taking, it will be sent you with your name stamped on cover in gold; also liberal samples of postum and grape-nuts, on receipt of request from you.

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might mean a child of any age from a newborn infant up to one of five or six years of age. Any attempt to answer an indefinite question of that kind must be like a shot at random.

Question 14, "Give recipe for scrambling two eggs," is a matter on which a dozen dietetic experts might all give different answers, and who could decide which was right? Of course a nurse ought to be able to give a recipe of some kind, but might there not be more than one right way?

There are other comments I might make on this paper as well as on others in the same group and others coming from the same board at different times. When such methods as these are used it is not hard to understand why only about one-third of the graduating class from one of the best New York schools went up for their R. N. examination. I, too, would like to ask, What are we going to do about it? What is the best way to get at the bottom of this political trouble?

PRISCILLA.

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Teachers vs. Nurses.

To the Editor of The Trained Nurse:

I should like to suggest to the Graduate Nurse whose letter appeared in the May Trained Nurse that she consider the advantages of nursing and the disadvantages of teaching for a moment, since it hardly seems fair to balance all the advantages of teaching against all the disadvantages of nursing. There are such things as district schools, where the pay perhaps a little more than covers expenses, or where the experience is perhaps expected to serve as pay; where the teacher finds little that is congenial in her surroundings and hardly knows how to spend her perhaps abundant leisure. It is not all bliss to keep in order and to try to instill knowledge into the heads of a roomful of thirty or forty children of all kinds, and most public school teachers find enough connected with their teaching to occupy also most of their time outside of school hours. Private school teachers are perhaps better off, but their days are well filled and many sit up very late studying and correcting papers. Besides, they ought to get some advantages, these school teachers, if not in salary at least in leisure and independence, in return for their

long and expensive training for their profession. The nurse gives very few years to her training compared with the teacher and is at practically no expense, and she gets higher remuneration, on an average, afterwards. Is it not, then, just that she should find some drawbacks. It is not the easy kinds of work that pay highest, and nursing would not pay so well if it were an easy, happy life in all its details. The comparative independence and leisure of the teacher and her material compensation—there is always a higher compensation in every form of labor—for the years spent and the expense incurred in going through high school, college, normal school. The higher pay is the nurse's material compensation, not for the time and expense she has been at, for they are comparatively small, but for the special difficulty and trying character of her work. And when it comes to balancing the spiritual compensations, those of the nurse, to my mind, far outweigh those of the teacher. There is no work but has its difficult, its disagreeable side, but we can make these disagreeables of no avail, nay, even turn them into blessings, if we will. Whatever the disadvantages of nursing, certainly no profession has greater advantages. The nurse who persistently looks for the good and the pleasant in her work will find them, as her sister who looks for discomfort and disappointment will also see her expectations realized. Many a school teacher has taken up nursing, but it is a question if a nurse ever takes up school teaching. As we sometimes see stated of other things, "there's a reason."

ANNETTE FISKE.

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Diet of the Mother.

To the Editor of The Trained Nurse:

In reply to an "Interested Inquirer" want to say, during the first three days I keep my patients on liquid diet, then a light diet for a week. After that they return to their regular diet (though while in bed I give the things that I know are easily digested). My patients never have to deprive themselves of anything, unless they know it is something that is going to give them indigestion. They eat fruit, vegetables, meat, cereals of all kinds—in fact, anything they have been in the habit of eating before the baby came.

ANNIE L. P. HARRISON.

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has been more definitely determined in actual practice than the therapeutic utility of judicious hematinic therapy?

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45

Infantile Disorders

are frequently due to improper diet. The most important duty in the care of an infant is in regard to its feeding. The baby's digestive tract is not fully developed at birth. Breast milk is not only of a character that can be digested by an infant's partially formed organs, but it aids in the gradual development of those organs.

Lactated Infant Food

is the only food that exactly combines all the nutritive virtues of breast milk. It is predigested, does not produce irritation, subdues inflammation of stomach and intestines and is retained by the weakest stomach. The practitioner will find it a perfect succedaneum for mother's milk, and it is presented to the medical profession as a product of unvarying quality, uniformity and efficiency. Samples on request.

Physicians who wish to give Lactated Infant Food a careful trial may have samples sent direct to patients by forwarding to us names and addresses.

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The Hospital Review

Children's Memorial Hospital, Chicago.

On or about the first of August two new buildings—one a \$75,000 children's hospital complete in itself—will be opened on land directly across the street from the present hospital buildings. At the same time the institution will inaugurate the first training school in Chicago exclusively for children's nurses.

Of these improvements the most important is the Maurice Porter memorial building, given by Mrs. Julia F. Porter as a memorial to her son.

The building is a two-story fireproof structure, of pressed brick, designed in a modified colonial style. The most modern ideas in hospital construction have been used, and the sterilizing apparatus, the plumbing and all the interior fittings have been selected carefully to meet the peculiar needs of the institution.

The first floor of the building will be used for boys and the second for girls. On each floor there is a large sun porch facing the south, which will be glassed in for the Winter months and screened in Summer. The building will accommodate fifty children and will be used exclusively for medical cases.

Each floor really is a complete hospital in itself. On each there are four wards, a dining room for convalescent children, a diet kitchen, a linen room, a nurse's service room and full bathroom equipment. On the second floor there is a small laboratory and a surgical dressing room.

The basement of the building contains the receiving room, where a careful examination will be made of each applicant for admission to the hospital. In the basement also are the general service rooms, servants' rooms, fan room, and a large steam sterilizer.

Mrs. Porter built the original Children's Hospital in memory of her son, and it was known originally as the Maurice Porter Children's Hospital, Mrs. Porter's gift being used as an endowment fund. In 1903, however,

the board of managers, feeling the name should indicate a public rather than a private charity, asked Mrs. Porter to consent to a change of name and to give the principal of her gift, \$75,000, for a building to be erected as a memorial to her son. The present building is the result.

The second of the new buildings—the Crib-side pavilion, given by the Cribside society with a fund started at the Cribside kirmess of 1906—was started several months after the Porter Memorial. This is a sort of combination of hospital and creche, accommodating twenty-four babies in two large wards. In addition, there are two private wards.

In the basement of the pavilion is a milk laboratory, bottle room and demonstration room.

The nurses' training school, which will start in August, will be under the direction of Miss Rena S. Wood, who for five years was head nurse of the Philadelphia Children's Hospital. The course will include a year of adult nursing at the Presbyterian Hospital and two months of visiting nurse work.

The Children's Memorial Hospital started in 1882 with eight beds in a private dwelling. In 1886 the present building was built, and in 1903 the work of extending the capacity of the hospital broadly was begun with the formation of the Children's Hospital Society and a Woman's Auxiliary Board, the latter now headed by Mrs. Russell Tyson.

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Painesville Hospital, Ohio.

The new building of the Painesville Hospital was opened to the public on the evening of June 3. This was also the occasion of the first annual commencement exercises of the Training School for Nurses.

The building is in the shape of an L, and is joined to the old frame building. The halls on the two floors run through the centre of the L and are done in Georgia pine and white. The individual rooms and wards, with

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FREE to Nurses—NURSES' HANDY BOOK, containing much valuable data and useful information connected with a nurse's duties.

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A Stimulator of Digestive Secretions.

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diet kitchen, lavatories, pharmacy room, bath and other rooms, are attached on both sides and are numbered. The lavatories and bath rooms are in tile and enamel. An elevator is also a feature. The basement is large and well arranged, and contains the laundry, steam heating plant, storeroom, dry room and dumb waiter facilities for clean and soiled linen.

The first floor contains the Wilcox Memorial room, furnished in honor of Mr. and Mrs. Aaron Wilcox, the room furnished by Doolittle Brothers, the Murray room, the Tillotson Memorial, furnished in mahogany by Mrs. H. P. Knapp, and the men's ward, with accommodations for six patients. These rooms are all furnished with taste and completeness and reflect credit upon the donors.

On the second floor is a room furnished by two of the primary classes of the Methodist Sunday school, the Knights of Columbus room (in mahogany), the Daughters of St. James room, the Elks' room, the D. A. R. room, the East Side ladies' room and the women's ward, with accommodations for three patients.

The old Reynolds residence, which was the original hospital, is being thoroughly overhauled. It will contain a reception room and also an office, the latter to be furnished by the F. O. E. The dining room will also be in this building and will be the gift of the South Side ladies. The rest of the building will be devoted to nurses' quarters. This part of the hospital will be known as the administration building.

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St. Louis Skin and Cancer Hospital.

The new St. Louis Skin and Cancer Hospital, made possible by the gift of \$100,000 by George D. Barnard of 25 Lenox place, will be situated on Forest Park boulevard, between Taylor and Newstead avenues.

The site faces south, with a frontage of 200 feet, in one of the most beautiful residence districts of St. Louis. The ground is said to represent a value of \$13,000, leaving \$87,000 for a building.

The hospital was founded July 1, 1905. The purpose is to give free treatment to all persons suffering from cancer and kindred diseases, and the number of patients increased so rapidly that it soon became apparent larger

quarters must be supplied than those at 410 North Jefferson avenue.

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Detroit College of Medicine.

The fortieth annual commencement exercises of the Detroit College of Medicine were held Thursday evening, May 28, at the Light Guard Armory.

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Jewish Hospital, Philadelphia, Pa.

The laying of the cornerstone of the Nurses' Home and Surgical Ward Building on the grounds of the Jewish Hospital, at Tabor, provided for by an appropriation made by the Legislature at its last session, was witnessed yesterday afternoon by a large number of the institution's friends. The exercises were conducted by officers of the Grand Lodge of Free Masons.

Three silver trowels were used in connection with the cornerstone laying. One of these was presented to William B. Hackenburg by Simon Muhr, now dead, at the laying of the cornerstone of the Home for Aged and Infirm Israelites in 1899. The others were used at similar functions for the Lucien Moss Home for Incurables.

Preceding the cornerstone laying commencement exercises of the fifteenth graduating class of the Jewish Hospital's Training School for Nurses were held in the hospital building.

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Nursing Home, Dixon, Ill.

Mrs. William A. Herrick has opened the Bethnill Private Nursing Home at Dixon, Ill. scenery is charming, and the river being very near makes it especially attractive.

Dixon is a city of 10,000 inhabitants, situated on the banks of Rock River, with beautiful drives in every direction, beautiful parks and a great many boats on the river. It is ninety-eight miles west from Chicago on the Chicago & Northwestern and Illinois Central railroads.

The home has eight rooms and is well equipped to care for nervous, medical, surgical and maternity cases.

It is an ideal place for patients requiring quiet and rest.

The 'Allenburys' Foods.

Provide nourishment suited to the needs and digestive powers of the child from birth onward, according to the development of the digestive organs.

The "Allenburys" Milk Food "No. 1"

Designed for use from birth to three months of age, is identical in chemical composition with maternal milk, and is as easy of assimilation. It can therefore be given alternately with the breast, if required, without fear of upsetting the infant.

The "Allenburys" Milk Food "No. 2"

Designed for use from three to six months of age, is similar to "No. 1," but contains in addition a small proportion of maltose, dextrine and the soluble phosphates and albuminoids.

The "Allenburys" Malted Food "No. 3"

Designed for use after the fifth or sixth month, is a partially predigested farinaceous food needing the addition of cows' milk to prepare it for use.

Physicians familiar with the "Allenburys" Series of Infant Foods pronounce this to be the most rational system of artificial feeding yet devised. Their use saves the troublesome and frequently inaccurate modification of milk and is less expensive. Experience proves that children thrive on these Foods better than on any other artificial nourishment

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A Drink in Fevers

A teaspoon of **Horsford's Acid Phosphate** added to a glass of cold water makes a cooling and refreshing acidulous drink for the patient during convalescence from typhoid and other febrile conditions.

Its superiority over Dilute Phosphoric Acid, or any other acid, is due to the fact that it contains the phosphates of calcium, sodium, magnesium and iron, which means increased nutrition.

Horsford's Acid Phosphate

is more palatable and strengthening than lemonade, lime juice or any other acidulous drink.

RUMFORD CHEMICAL WORKS, Providence, R. I.

When you write Advertisers, please mention THE TRAINED NURSE.

New Remedies and Appliances

Aletris Cordial Rio.

Where hysteria is the result of uterine troubles, Aletris Cordial Rio, combined with Celerina, is an excellent remedy.

+

Horlick's Malted Milk, Parfalt.

To a gallon of Horlick's Malted Milk ice cream add two quarts of cream whipped stiff and mixed in with a paddle. Flavor with extract of vanilla to taste.

+

Ogden & Shimer's Mystic Cream.

Please mail me a jar of that "Mystic Cream" of which you sent me a sample the other day. Mrs. Griffiths thinks it's pretty nice.

J. B. GRIFFITHS, M. D.,
Lewistown, Pa.

+

Lysol.

Lysol, the best known disinfectant, germicide and antiseptic, for use in surgery, gynecology, obstetrics, and general practice, is now used daily in nearly every hospital in the United States, including the Army, Navy, and Public Health and Marine Hospital Service.

+

A Tonic and a Beverage.

Have used Horsford's Acid Phosphate as an accessory in cases of melancholia and nervous debility, and as a pleasant and cooling drink in fevers, and have been very much pleased with it.

DR. CHAS. H. S. DAVIS,
Meriden, Conn.

+

Canal Zone Comfort.

When my brother, who is with the Canal Commission, spoke of his difficulty in obtaining a satisfactory dusting powder, I at once suggested Pulvola. On the Isthmus, as in other humid tropical climates, something of the sort is absolutely needed as a regular toilet adjunct. Results were very satisfactory, and so Pulvola has another enthusiastic user.

J. HAYDN HIGGINS, M. D.,
Marston's Mills, Mass.

Triton Bath Salts.

I take pleasure in recommending your Effervescent Bath Salts. There have been several boxes used at my home, and the results were found to be very beneficial. Yours very truly.

(Signed) SMITH D. MACKEY.

+

Carnrick's Nurses' Handy Book.

I wish to thank you for the copy of "Nurses' Handy Book," which I have just received. It contains valuable information in compact form, which might often prove of great value to a nurse. Again thanking you,

Very respectfully, I. M. S., Chicago, Ill.

Sent free upon request.

+

Weakness and Syncope.

In cases of fainting and general debility Pepto-Mangan (Gude) is prompt in result as a general tonic and reconstructor. It is an ideal compound for combating weakness and wasting conditions. It increases the appetite, gives tone to the system, and acts as a general reconstructive agent.

+

The Better Known—The Better Liked.

The more that is known about Baker's Chocolate the more it is valued as an article of food. Students of the science of nutrition place it very high among the foods which yield the most for the least money. One remarkable thing about it is that it can be consumed with equally good results in hot and cold climates.

+

Uniforms.

We call attention to S. Rabinowich's advertisement in this issue. He is now making the uniforms and street outfits for the graduating nurses from New York, St. Luke's, Post Graduate, and New York City hospitals.

During July and August he is prepared to give special attention to nurses' orders, having plenty of time to get their outfits ready for the Fall.

The Dangers of Cow's Milk

THE recent epidemic of Scarlet Fever in Chicago has awakened the whole country to the grave danger lurking in the Milk Supply of our large cities. Wherever milk is used that has not been properly safeguarded from the cow to the consumer, the infant mortality will always be high.

Coincident with the Chicago Epidemic there comes a Report of the British Royal Commission on Tuberculosis. After five years' investigation, the Commission confirms the theory of Von Behring, that the tuberculosis of cows is a constant menace to the human race, and that consumption developed in later life has often been contracted in infancy from tuberculous milk.

Nestlé's Food

does not require the addition of milk in preparing it for use, as it is a complete diet in itself. The basis of Nestlé's Food is cow's milk, so treated and modified that it will be easily digested, and will resemble mother's milk in its composition, as closely as possible. The milk supplied to the Nestlé Factories is collected under the most rigid precautions, from cows that are under the constant supervision of the Company's Veterinarians. Furthermore, the process of manufacture completely sterilizes the milk. This is fully set forth in our pamphlet, "Recent Work in Infant Feeding." A copy of this, with samples of Nestlé's Food, we will be glad to send to any physician.

HENRI NESTLÉ, 72 Warren St., New York.

SUMMER CLASSES IN MASSAGE

THE SYSTEM YOU WILL EVENTUALLY LEARN

Swedish Movements, Medical and Orthopaedic Gymnastics

Term: 3 Months Tuition Fee, \$60.00

Course in Electro-Therapy

Term: 2 Months Tuition Fee, \$25.00

Course in Hydro-Therapy in all its Forms

Term: 6 Weeks Tuition Fee, \$30.00

SUMMER CLASSES OPEN JULY 8, '08

7844 TREATMENTS GIVEN IN 1907

No Better Clinical Experience Possible

All courses may be commenced at the same time and finished within three months.

The instruction consists of daily clinical work and practical lessons on patients referred to our clinics from the various Hospital Dispensaries. Original Swedish (Ling) system, and Weir Mitchell's Rest-Cure system. All pupils attend clinics at several city hospitals. Separate male and female classes. Payments can be made to suit your convenience. Particulars and illustrated booklet on Massage upon request. An early application for admission is advisable. The Fall Classes open October 8, '08.

THE TUITION FEE WILL BE RAISED AFTER OCTOBER 1, 1908

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T. D. TAGGART, M.D. (Jefferson Med. College).
WM. ERWIN, M.D. (Hahnemann and Rush Med. Col.)
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MAX J. WALTER (Royal Univ., Breslau, Germany, and
lecturer to St. Joseph's, St. Mary's, Mount Sinai
and W. Phila. Hosp. for Women, Cooper Hosp., etc).

HELENE BONSDORFF (Gymnastic Institute, Stockholm, Sweden).
LILLIE H. MARSHALL } (Pennsylvania Orthopaedic
EDITH W. KNIGHT } Institute).
MARGARET A. ZABEL (German Hospital, Philadelphia, Penna. Orthopaedic Institute).
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**Pennsylvania Orthopaedic Institute and School of
Mechano-Therapy (Incorporated)**

1711 Green Street, PHILADELPHIA, PA.

MAX J. WALTER, Superintendent

Mild and Kindly.

Resinol Soap is mild and kindly in effect. It will restore the skin to its original sweetness and purity. It alone should be used for children and in the nursery, for it not only keeps the skin in a healthy condition, but it will also cure such troubles as milk crust, scald head, chafing, eczema and other childish ailments. In short, Resinol Soap is the best medicated soap for general toilet use.

+

Not Toxic.

Being free from the toxic properties common to many antiseptics, deodorants and germicides, inexpensive and easily applied, either in dry form or solution, in the proportion of from one to two teaspoonfuls to one pint of water used three or four times a day, Tyree's Antiseptic Powder is emphatically the most eligible preparation for general employment.

+

Sane or Insane—It Cures.

I have noted that Ergo-Apiol (Smith) in insane women may be expected to perform the same services even more promptly in the average case of amenorrhea as met with in ordinary family practice. This is proved conclusively in the numerous cases reported by various observers who employed Ergo-Apiol (Smith) in menstrual disorders.

GEO. S. WALKER, M. D., Staunton, Va.

+

A Perfect Antiseptic.

A perfect dental antiseptic, besides being alkaline, should not coagulate albumen. It should be a powerful deodorant and absolutely non-irritating; it should produce exosmosis and be of the proper specific gravity.

Glyco-Thymoline is a solution of this class. It was conceived with the natural constituents of blood and secretions of the mucous membranes in full view, and when diluted to a 25 per cent. solution it has a saline strength and alkalinity similar to that of blood.

+

Deserved Praise.

Dr. C. A. Bryce recently wrote editorially in *The Southern Clinic* in praise of Antikamnia as follows:

"We know its effects, its dose, and that it is safe to administer it in the doses we have

proven. We have found it a valuable remedy, and as such use it largely in a variety of diseases. We have never had any bad results from its use in large or small doses in old or young."

+

Daniel's Tincture Passiflora Incarnata

Is being used generally by the physicians of the land to control the nervous system. It is employed with the best results in cases of hysteria, delirium tremens, dysmenorrhea, dentition, childbirth and wherever a calmative, sedative or hypnotic is required. Its influence is very similar to that of the opiates, without their deleterious effects. A few doses give quietude and sound sleep to the most nervous patients, from which they awake refreshed, with the mental faculties clear and the nerves reposeful.

+

Pond's Extract.

In studying the action of Pond's Extract, it is found to possess marked anodyne, antiphlogistic, astringent, antiseptic and styptic properties. It relieves pain, irritation and congestion by its soothing and cooling effect on the surface structures, and a coincident improvement in the local capillary circulation. Its styptic action, which is specially marked in capillary hemorrhage, or bleeding from small vessels, is accomplished by both contraction of the vascular coats and an increase in the coagulation of the blood.

+

A New Feature.

As it always has been the aim of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia, to give the students who take courses of instruction in the Swedish system of massage, medical and orthopaedic gymnastics, electro and hydrotherapy the best that any school has to offer, a thorough course in Pathology in such diseases as can be treated mechanically will be added this Summer to the regular curriculum. The practical work consists of daily lessons in the various branches of Mechano-Therapy, and frequent theoretical lectures will be given pertaining hereto, including anatomy and physiology. The students are also sent to various city hospitals to attend the clinics in the nervous and orthopaedic dispensaries.

MAX J. WALTER, Superintendent.



There are moments when
one wants to be alone

There's one time when a boy would rather eat than play—
and that's Toasted Corn Flake time. It's the delicious, dis-
tinctive flavor—the dainty crispness—the genuine satisfac-
tion in eating this delightful breakfast food that made it the
favorite with both young and old.

Just remember this flavor and goodness is found only in the

Genuine *Kellogg's*
TOASTED CORN FLAKES

Look for this Signature

W. K. Kellogg

Toasted Corn Flake Co., Battle Creek, Mich.
Copyright Under Patent and Trade Mark in U.S.A.
Bulle's Food Products, Inc. (Canada) Ltd., London, Ontario

Use of Liquid Soap Spreading.

The use of solid cake soap in the sick room and in hospitals has given way considerably during the last year or so to soap in liquid form. Chief among those now on the market is Bender's Liquid Toilet Soap. This soap possesses superior cleansing powers and has reliable antiseptic properties. It is being very generally used in surgery and in the treatment of skin diseases, while among the laity it is not only used to wash with, but has found much favor for making vaginal injections and douches.

+

The Cresco Products.

Our products have been found highly important aids in the practice of scientific dentists, strengthening the teeth and promoting the health and growth of the gums.

None of these preparations are medical in character, but simply and solely pure grain food products, with no admixture of any other substance whatever.

We offer you the results of about thirty-five years of earnest effort to perfect suitable and reliable diet for the invalid and to aid the physician in his practice. Send for samples.—Farwell & Rhines, Watertown, N. Y.

+

Feeding Typhoid Patients.

In prescribing a sole milk diet for typhoid fever many overlook the fact that milk alone on entering the stomach becomes almost solid, and large, firm curds are likely to prove irritating to the ulcerating surfaces. When patients are fond of milk and seem to digest and absorb it thoroughly, there is no better diet when employed with Bovinine. It answers every requirement of a perfect fever food. Those who dislike milk or do not seem to digest it do well on Bovinine in barley, rice, or plain, and later when the digestive condition has improved, milk may again be taken up.

+

Anasarclin.

Case 1—Mrs. E., married; physical examination, aortic stenosis; no doubt of long standing. Goitre from pubescence. During first pregnancy developed acute nephritis, with pronounced general anasarca. Usual remedies tried unsuccessfully. Anasarclin recommended;

tablet to be used every three hours. After three or four days' treatment, marked diminution of the dropsical effusion, which, being carried on during the remainder of gestation, enabled her to go through the parturient period successfully.

THOMAS H. STUCKY, A. M., M. D.,
Louisville, Ky.

+

For Your Vacation.

Vacation days are here again, and to many they mean days of travel, days of excitement, of unrest, with the dietary of hotel and dining car and change of water, often from the comparatively pure water of one locality to that heavily charged with mineral salts of another. The result is not surprising, and from June to October the doctors are usually busy with cases of diarrhoea, dysentery, cholera morbus, etc., etc. These are annoying if not serious. A most agreeable and efficient remedy is bismuth hydrate comp—Wampole. It is prompt and certain in its action, and not attended by the after constipation of most remedies of this class.

+

Excessive Oiliness.

Excessive oiliness or greasiness of the hair and scalp is very annoying, and results from an over-activity of the sebaceous glands. It is best relieved by a little more frequent shampooing with Packer's Tar Soap, say every fourth or fifth night. Then between each shampoo the scalp should be well massaged or manipulated every night at bed time. The result of this manipulation is to stimulate the circulation in the tissues of the scalp, and restore the oil or sebaceous glands to a normal condition.

+

A Wonderful Difference.

There is a wonderful difference in hypodermic syringes of different makes. Many are carelessly made and indifferently put together, and it is rarely that a first-class syringe can be had for less than \$2.50 or \$3.00 each. The Hegeman Company, at One Hundred and Twenty-fifth street and Seventh avenue, however, have placed on the market one of the best-finished and the most accurate syringes to be had at any price, which they are selling

**PHILADELPHIA ORTHOPAEDIC
HOSPITAL AND INFIRMARY
FOR NERVOUS DISEASES**

**School of
MASSAGE AND ELECTRICITY**

**The Original Place and
The Original Method**

Four months' course of instruction in
Massage, Swedish Movements and Electricity

Fee \$75 for Massage and \$25 for Elec-
tricity. Board not included
Payment in advance

Lectures Given Weekly by Members of the
Medical Staff of the Hospital

Practice daily under constant supervision
Certificate Given

Classes are formed in October and
January. Pupils have access to the
Wards of the Hospital and the numer-
ous cases referred from the clinics

For further information address

SUPERINTENDENT

**The Nauheim
Baths** are given by
means of the

TRITON
EFFERVESCENT
Bath Salts

The preparation of an artificial Nau-
heim Bath surcharging the water with
carbon dioxide by adding to a tub of
water a package of Triton Salts is
simple to the last degree. We shall be
glad to send literature and manual of
the Nauheim Treatment on request.

THE TRITON COMPANY
Schieffelin & Co.
NEW YORK

Sole Licensees and Sole Agents

IN THE RESTORATIVE STAGE

following such acute diseases as typhoid
fever, pneumonia, diphtheria, whooping
cough and the exanthemata, there is no
remedy so generally useful as

GRAY'S GLYCERINE TONIC COMP.

It aids digestion, promotes assimilation and
augments every vital function. Thus it over-
comes depression and contributes material-
ly to normal uninterrupted convalescence.

It restores, reinforces and reconstructs.

THE PURDUE FREDERICK COMPANY, 298 Broadway, New York City

this month at a greatly reduced price. It would pay a nurse to send for one of these syringes, whether she actually needs it at the present time or not.

+

Unguentine.

I used Unguentine in the case of a lady who badly burned one hand and arm, the injury extending above the elbow. I saw the case three days after the wounds had been ignorantly dressed, and the entire superficial area of hand and arm was one foul-smelling aggregation of discrete and concrete ulcers, foetid in the extreme and beginning to slough. After careful washing with warm water, Unguentine was applied, repeated every third day, and in twelve days the arm was well without a slough, without scar tissue, without contraction and presenting a new pink skin that I regarded as a surgical triumph.

H. EATON, M. D., Brooklyn, N. Y.

+

Chr. Hansen's Junket Flavors

Are acknowledged by experts to be the best and purest on the market, having all the delicacy and aroma of the true fruits and aromatics from which they are made. We make no "artificial" flavors. Our vanilla cannot be surpassed, and our lemon and orange are hard to equal. A trial of the almond will cause you to use it often, and the spice flavors also speak for themselves. The flavors are vanilla, lemon, orange, almond, nutmeg, clove, all-spice, ginger, cinnamon, rose, peppermint and wintergreen. They are put up in two-ounce bottles at 20 cents each; by mail 30 cents; also in larger bottles and in bulk.

+

Bacteriological Experimentation.

As far back as 1894 the late Major Walter Reed, Surgeon U. S. Army, at a meeting of the Association of Military Surgeons called attention to the value of Trikresol in general surgical work. His paper, "The Germicidal Value of Trikresol" (Volume IV. of *Transactions of the Association of Military Surgeons*; and *St. Louis Medical and Surgical Journal*, June, 1894) abundantly confirmed the conclusions of Professors Fraenkel and Gruber; in fact, he attributed to it even greater germicide properties than they did.

This most powerful germ destroyer is sold

by the well-known and reliable firm of Schering & Glatz, New York City. A one-pound bottle is 50 cents, expressage extra. A one-ounce bottle, 15 cents and 25 cents for postage, including insurance.

+

The Prevention of Flatfoot.

Nurses have to remain on the feet so much of the time that it is very common for the arch of the foot to break down.

The usual type of nurse's shoes is designed merely to give comfort by allowing the foot free movement. There is no effort made to support the arch. As a result it breaks down and the wearer of such shoes finds herself soon suffering from that painful and troublesome condition known as "flatfoot."

The Red Cross Shoe allows every natural movement of the foot. It also supports the foot, holds the arch to its proper position.

Every nurse should know all about the Red Cross Shoe. You can try on a pair at your dealer's store. The new style book, just issued by the makers, Krohn, Fechheimer & Co., 537-557 Dandridge street, will be sent free on request.

+

What Oxolint Is.

The well known advantages of linen over cotton for surgical purposes are that linen does not "mat" down, retains its absorbency longer and is cooling instead of heating. As important is the further fact that a linen bandage does not shed lint, and can be placed directly in contact with a fresh wound without the danger of setting up irritation. The old linen handkerchief has been the layman's favorite bandage, because he could not fail to notice its cooling effect upon a wound or burn. Now it is possible to have a linen bandage always at hand, and one woven so as to give the linen's absorbent powers the freest play.

Experiment shows that Oxolint, the name given to the linen prepared by the Oxford Mills for surgical purposes, is at least five times more absorbent than cotton. This quality combined with the fact that it does not pack down and is not "heating" not only makes possible more successful dressings, but they can be left undisturbed for longer periods than it is safe to leave a cotton bandage. Send for sample and literature and see advertisement in this issue.

The Physician of Many Years' Experience

Knows that, TO OBTAIN IMMEDIATE RESULTS
there is no remedy like

Syr. Hypophos. Co., Fellows

Many MEDICAL JOURNALS specifically mention this
Preparation as being of Sterling worth

TRY IT AND PROVE THESE FACTS

SPECIAL NOTE.—*Fellows' Syrup is never sold in bulk.
It can be obtained of Chemists and Pharmacists everywhere.*

NOTICE—CAUTION.

The success of Fellows' Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of several of these, ***finds that no two of them are identical***, and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light or heat, ***in the property of retaining the strychnine in solution***, and in the medicinal effects.

As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing the Syrup, to write "Syr. Hypophos. ***Fellows.***"

As a further precaution, it is advisable that the syrup should be ordered in the original bottles; the distinguishing marks which the bottles (and the wrappers surrounding them) bear, can then be examined, and the genuineness—or otherwise—of the contents thereby proved.

The Publisher's Desk

BOOK REVIEW.

The Trained Nurse and Hospital Review

A Monthly Magazine Devoted to Trained Nursing in Private Practice and in the Hospitals of the Country

Editor

ANNETTE SUMNER ROSE

LAKESIDE PUBLISHING COMPANY
PUBLISHERS

OFFICE—114-116 East 28th St., New York City

THE TRAINED NURSE

has no free circulation. Its price is \$2.00 a year, and it is worth it. It is published in the interest of the profession, screens no swindlers, puffs no humbugs, and does not take half its space to tell how good the other half is.

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Single Copies 20

Entered as second-class matter at the New York Post Office, March 14th, 1901.

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COMPLAINTS for non-receipt of copies or requests for extra numbers must be received on or before the 10th of the month of publication; otherwise the supply is apt to be exhausted.

TC CONTRIBUTORS.—We pay liberally for all Original Articles.

Exclusive publication must be insured to all contributions offered to the Editors. Rejected manuscripts will be returned if stamps be sent for this purpose.

Exclusive publication not required for contributions to Nursing World Department.

Illustrations for articles are particularly solicited. All expense for drawings, plates, etc., will be borne by the publishers.

No responsibility is accepted by the Editors or publishers for the opinions of contributors, nor are they responsible for any other than editorial statements.

Books and monographs will be reviewed promptly.

Short, practical notes upon personal experiences or brief reports of interesting cases, with results from remedies, new or old, will be welcomed.

The Editors and printers will greatly appreciate the courtesy of having all manuscript typewritten; or, if this is impossible, clearly written, great attention being given to proper names and medical terms.

Practice of Medicine for Nurses. By George Howard Hoxie, M. D., Professor of Internal Medicine, University of Kansas. With a chapter on the Technic of Nursing, by Pearl L. Laptad, Principal of the Training School for Nurses, University of Kansas. 12mo of 248 pages, illustrated. 1908, Cloth, \$1.50, post-paid. For sale by the Lakeside Publishing Company.

This book has our unqualified approval, notwithstanding its rather misleading title. That the author did not intend just what the title would lead many to expect is shown by the first paragraph of the Preface, which we quote in full:

"The purpose of this book is to provide for those who care for the sick, either professionally or in the home, such information as shall be most helpful in following the directions of the medical attendant, and in caring for emergencies. The limits of the book have not permitted a discussion of all possible diseases, nor of the minutiae of diagnosis and therapy of those described. Furthermore, because it is the author's belief that the nurse should neither diagnose nor prescribe, little space has been given to differential diagnosis and the dosage of remedies."

The work is divided into forty-four chapters, with an Appendix and Index. Starting with a chapter on Health and Disease, another The Cure of Disease, and a third, Means of Determining the Condition of Patients, the work proceeds through the different Fevers, Blood Poisoning, Rheumatism, Tuberculosis, etc., to the Disorders of Infancy and Childhood, constitutional troubles, troubles of special organs, nervous diseases, insanity and surgical nursing. This, we repeat, is only a rough sketch to show the general arrangement. Care of the Patient and the Sick Room is written by Miss Pearl L. Laptad.

To name a little point of special interest, we were particularly favorably impressed with the insistence laid upon the personal qualifications of the nurse and its connection with the patient's recovery, as stated on page 17.

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The Trained Nurse and Hospital Review

VOL. XLI.

NEW YORK, AUGUST, 1908.

No. 2

Old Glory and the New Star*

DITA H. KINNEY.

Superintendent of Army Nurse Corps

THE States have a new sister and the flag a new star! These facts are noted not because of any added significance to our power as a nation, or beauty to our splendid national colors. To "paint the lily" were a simple undertaking compared to an attempt to do either of these—but because our statutes require that when a new member joins the sisterhood of States, she shall be duly represented by an additional star in the blue firmament of our flag, and the very practical question as to how Uncle Sam was to go to work to put it there became at once one of interest.

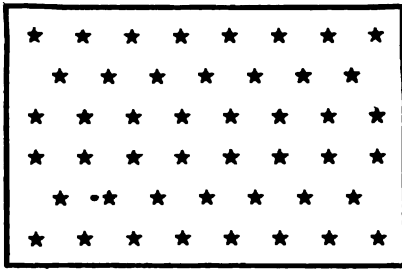
The job was obviously no small one, involving as it must the changing of all flags used for official purposes all over the world, from Cape Horn to Kamtchatka, from Good Hope to Alaska. Was our generous old Uncle to call in all the flags which were short one star, and issue new ones with the proper number? Or was he to order another star sewed or embroidered in the fields of those already in use? These and innumerable other relevant questions were asked of first one and then another official in the War Department, and all replies were

the same—"Indeed, I can not tell you, I never thought about it, ask So-and-so!" But "So-and-so" was no better informed, and the actual amount of digging which had to be done before the simplest facts could be brought out was truly surprising.

The first quarry of the hunt (who decides where in the constellation the new star was to have place?) was run to earth in the Department of State, where it was learned that this point is technically decided by the Secretaries of War and Navy in consultation, the actual work being done by the Bureau of Navigation of the Navy. (It is said that this last re-arrangement of the stars was practically done by the great Admiral Dewey, though this may be only a pretty story.) The plan (whosever it may have been) having been approved and adopted a "General Order" was issued setting forth that "The field or union of the national flag in use will from and after July Fourth, 1908, consist of forty-six stars." Then followed a minute description as to how the rows were to be arranged and the accompanying diagram was appended.

*This article deals only with the subject from the standpoint of the U. S. Army.

Since 1896 the stars in the field or union of our national flag have numbered forty-five, arranged in six rows, the first, third and fifth rows having eight stars, the second, fourth and sixth



seven. It will be seen from the diagram that under the new arrangement the new star was placed in the fourth row, thus making the two centre rows alike in their number of stars.

It is known that the very earliest flag carried by the patriots of the new nation had no stars in its field at all but the crosses of St. George and St. Andrew as seen in the present British flag. A Civil War veteran now employed in the War Department, who is thought by the officers of the Army to be one of the greatest authorities on the flag, has a pretty little theory (which seems also a reasonable one) concerning the evolution of our national emblem. He says "The Continental Army at Valley Forge were in desperate straits for the bare necessities of life, but were ablaze with a patriotism that no material suffering could affect. It is not surprising that they were unwilling to use as their standard the flag of the country which was oppressing them, but they had nothing else. Some ingenious soul among their number cut the red British flag into strips and attached these to a sail or other white background and placed in the corner of this new combination the field

of the English flag, and thus metamorphosed, the new standard was used by the patriots as their own." He further says, "Although the resolution establishing the flag was not officially promulgated by the Secretary of Congress until Sept. 3, 1777, it seems well authenticated that the Stars and Stripes were carried at the battle of the Brandywine and thereafter, during all the battles of the Revolution. Soon after its adoption the new flag was hoisted on all the naval vessels of the United States, and the flag, floating from the mast-head of the gunboat *Ranger* in a French port (commanded by Capt. John Paul Jones) received on February 14, 1778, the first salute ever paid the American flag by a foreign naval vessel.

The flag of the United States remained unchanged for about eighteen years after its adoption. By this time two more States had been admitted to the Union and by official order Congress authorized two additional stripes in the flag and two more stars in the field. This form of the flag lasted from 1795 to 1818, and was the form of the nation's colors as carried in the War of 1812. During the six years following this war, five more States were admitted. It then was shown to be obviously impossible to go on adding stripes as well as stars, and so after long discussion, on April 14, 1818, Congress provided, "First, that from and after July next the flag of the United States shall be thirteen horizontal stripes, alternate red and white; that the union have twenty stars, white in a blue field. Second, that on the admission of every new State into the Union, one star be added to the union of the flag, and that such addition shall take effect the fourth of July next succeeding such admission."



SILK COLORS OF THE PRESIDENT.

The lowest central star of the President's colors represents the new star.



SILK COLORS OF THE SECRETARY OF WAR.

The return to the thirteen stripes of the 1777 flag seems to have been due to two facts, i. e., a reverence for the standard of the Revolution, and the fact that a further increase of the number of stripes would destroy the proportions of the emblem, unless the stripes were made narrower, and this would interfere with their distinctness when seen from a distance. A newspaper of the time says: "By this regulation the thirteen stripes will represent the number of States whose valor and resources originally effected American Independence, and the additional stars will mark the increase of States since the present Constitution." No act has since passed Congress, and the flag of to-day is the same as originally adopted except in the number of stars. In none of its acts, however, has the legislative body prescribed the arrangement of the stars, and this has resulted in a lack of uniformity in this matter, and flags in use by the public may be seen with the stars placed in various ways.

The recent newspaper controversy as to the historical accuracy of the fact that the first flag was made by Betsy Ross seems to have been finally settled by the following "Special" to the Washington Post from an interview with Col. John Quincy Adams, lineal descendant of Andrew Adams, cousin of the patriot Samuel Adams and of the second President of the United States, John Adams. This unimpeachable authority says: "It might as well be said that Independence Hall is not Independence Hall as to deny that the first American flag was made and designed in the Betsy Ross house from suggestions from General Washington, Robert Morris and George Ross. Now this is the story," continued Col. Adams, "and I am ready to prove every

word I say. Just before the Revolution there lived in Philadelphia a pretty Quaker girl of about twenty named Betsy Griscom. She had already become known because of her skill with her needle, besides which her beauty and accomplishments brought her many suitors. The successful one, John Ross, was the son of an Episcopal clergyman from Wilmington, Del., who had opened an upholstery shop in Philadelphia. Betsy helped her husband with her needle, and when he was killed in the war she continued his business. Her husband, John Ross, was a nephew of George Ross, one of the signers of the Declaration of Independence, and when Samuel Adams, up in Boston, said this country should have a flag, as it was not seemly for patriots and red-coats to be shouting for the same flag, Washington fully agreed with him. But who should make it from the rough sketch which Washington drew? Then George Ross spoke of the widow of his cousin, and the three—Washington, Morris and Ross, went to her house. On their way they stopped for John Hancock to go with them, but they found him laid up with gout, so he could not join them. 'But,' said he, 'I have here some red, white and blue bunting which may be of use,' and the illustrious party continued its way. At the suggestion of Betsy the stars were made with five points instead of six as Washington had drawn them, and as they appeared in the English flag. And so the flag was made," Col. Adams goes on, "and I have in my possession bills which show how much Betsy received for making flags, which she and her daughters and her granddaughters after her continued to do down to 1856. And how do I know Washington went to her house? because she told George Canby,

her grandson, and he told me. Betsy Ross did not die until 1836, and her story of making the flag was never doubted by her contemporaries." But to return to our own day.

Proper authority having designated where the new star was to be placed, the next point in our quest was to find out who was to do the work. Further inquiry brought out the fact that this was one of the multifarious duties of the Quartermaster's Department, who furnishes all flags required for the use of the Army (the Navy makes its own).

He of whom it was written:

"And still the wonder grew
That one small head could carry all he knew,"
was literally "not in it" with the army quartermaster, who must not only be a judge of all sorts of things, horseflesh, shoes, roads, ships, buildings, raw materials of all kinds, and the finished products made from them, but must be familiar with all that regulations demand, as he is held to a strict accountability that all supplies accepted by him are fully up to the standards. On the other hand, Regulations leave little or nothing to the imagination! The minutest detail is worked out and set forth in unmistakable language. If the use of a fabric is under consideration, the number of threads to the square inch is fixed, and the weight of a given length of material. Or if a flag of certain dimensions is to be used, it may not fly from a pole of less than a given height, and so on ad infinitum.

It was found that the use of the flags with forty-five stars will be permitted until the manufacturers can turn out those of the present standard. So much for the new supply. At garrisons and army posts the "company tailors" will rearrange the stars in the fields of the

flags in use according to the plan issued in General Orders. The State Department will attend to the supplying of all diplomatic stations with the new flags, and this will be done as rapidly as possible, beginning at the most important posts.

As before stated, the Navy manufactures all its own flags, but the number required for the use of the Army is so large that it has to have help, and contracts are let to the lowest bidders. The firms now doing the work are Copeland, of Washington, D. C., and Wm. H. Horstman, of Philadelphia. But this arrangement only applies to flags made of bunting. All the silken colors are made in the shops of the Quartermaster's Department, which employs expert women embroiderers to do the wonderfully beautiful work (alike on both sides) required for such flags. The cost of these ranges from \$94 to \$155 each. Every regiment (mounted, foot or artillery) has not only silken national colors, but its regimental colors besides. The body of these is banner silk, seamless, and of the color used to indicate the arm of the service,—i. e., blue for infantry, yellow for cavalry, red for artillery. Upon each of these is embroidered in proper colors the official coat of arms of the United States, and underneath in white silk on a red scroll is the number of the regiment.

Regulations make what seem to the uninitiated some arbitrary and bewildering distinctions. For example, the national emblem when made of bunting is called a "flag," when of silk "colors!" The silken regimental colors when borne by a regiment of cavalry are called a "standard." Silken "colors" or "standards" are carried in battle, campaign or on occasions of ceremony; bunting flags

at drills, on marches and all other occasions not otherwise mentioned.

When silken colors become for any reason unfit for use, an officer is detailed to inspect them, make a report on their condition, and a recommendation as to whether they need to be replaced by new. A request is then forwarded to the Quartermaster-General for new colors, and the condemned are carefully wrapped and numbered. Under a corresponding number is filed a history of the service seen under the old colors, and these relics which have passed their usefulness as flags take their places among the treasures of the regiments which carried them, and are an inspiration to all who see them. Who of us has not felt a clutching at the throat at the sight of a battle-torn flag; and there is a case of such in the War Department which I always feel ought to be looked at only when one is on his knees!

Most interesting of all the "special" flags are those of the President and of the Secretary and Assistant Secretary of War. Regulations discriminate in describing these as in other flags. Those of bunting are called flags; of silk, colors.

The designs of the "colors" and the flags of the Secretaries are similar, the only difference being in the fabric of which they are made. The colors of the President are more elaborate than his flag. The color of the Secretary of War is scarlet silk or bunting, of his assistant, white. Both flags and colors have a white star in each corner and the coat of arms of the United States in the centre.

The President's flag is of blue bunting,

with the national escutcheon in the middle. His colors are made of the finest scarlet silk, known to the trade as "European Classical," and measures 6 feet 6 inches by 4 feet. It is trimmed on three sides with alternate bands of gold and silver plated fringe (four strands of each in the band) hand knotted and three inches wide. A five-pointed white star adorns each corner and in the centre is a large five-pointed star. Within this is a smaller parallel star separated from the outer star by a white band. The inner star forms a blue field upon which the national coat of arms is embroidered in proper colors. In the re-entering angles of the large star (on the scarlet ground) are evenly scattered white stars, one for each State. The pole from which this flies is decorated with a golden ball on which is perched a golden eagle with outspread wings, who bears in his beak a red, white and blue silken cord 8 feet 6 inches long and finished with tassels on each end.

Up to the present time it has not been the custom for the President in the White House to regard his flag as a piece of personal property, but I am informed that a perfect specimen "colors" has just been completed, with the new star in place, and presented to President Roosevelt and which he will take with him from the White House as an heirloom for his children and his children's children, a precious possession and a perpetual reminder of his wonderful administration, and more than all of this glorious specimen of the Creator's noblest work—an honest man.

Training Nurses for Institutional Work*

CHARLOTTE A. AIKENS.

A COUPLE of years ago, while still in hospital work, I had occasion to write to two large prominent maternity hospitals for a head nurse for the maternity department of the hospital of which I had charge. Both of these hospitals receive nurses from several large hospitals for special training in that branch. Both hospitals reported that they knew of no available nurses whom they could recommend for the position of head nurse of a maternity department. One superintendent stated that she was at that time trying to find a good head nurse for one of her own wards. She added the remark that "good head nurses are hard to find." Many others have made the same remark. I have had similar experience in securing a good head nurse for an operating room or for a section of the hospital, and I know that my experience is not exceptional. There are plenty who want executive positions, and yet, I believe it is true that good head nurses are hard to find.

Why are they so hard to find? We certainly have a great deal of excellent material in our schools. Why don't we develop it into good institutional nurses? The simple reason is that thus far we have made no general, systematic, businesslike effort to train nurses for such work; or for executive positions of any kind. We have been loathe to admit even that they needed any training. We have extended the training period from two to three or three and a half years. We have made an attempt at grading the studies. We have added some useful

and some useless branches and stretched out others till one wonders where the stopping place will be or how much the pupil nurse will be expected to accomplish ten years hence. We have multiplied the number of medical lecturers until we have in some schools more teachers than pupils, but with all our efforts, we have largely neglected to train nurses especially to meet our own needs as executives in hospitals. At the same time, we look around and complain that "good head nurses are hard to find." We have spread the nursing course out but we have concentrated our attention almost entirely on fitting nurses for bedside work. It is true, some schools do advertise and attempt some training in institutional work. I confess to having done that much myself when I was training nurses, but there are few, if any, schools that, as yet, have planned a systematic comprehensive course on institutional work and carried it through. We perhaps sandwich in a few lectures on institutional work here and there among other nursing studies; we perhaps permit some of the pupil nurses to act as nurse in charge of a ward, but we have not yet taken hold of the matter as though we really meant business, or as though we felt any special responsibility to give good training in that line.

The great majority of schools giving post-graduate training have done precisely the same thing—concentrated their attention almost entirely on diseases and fitting nurses to deal with them. One New York school now announces that in-

*Read at the seventh semi-annual meeting of the New England Association for the Education of Nurses. Contributed to *The Trained Nurse*.

struction will be given in the management of small hospitals which is an encouraging sign of a growing appreciation of the needs.

But the problem of managing a section of a large hospital as head nurse, and getting along with the help of all the varied factors concerned in a large hospital, are quite different from the management of a small hospital where one has to be ready to efficiently act in a dozen different capacities. The head nurse perhaps gets a certain amount of experience, but does she get the real thorough training in institutional government that she needs if she is to be able to realize her own place in the general situation and fill it well even as head nurse. It is true that we learn to do by doing—that is, we learn a certain amount. Many a nurse has learned to go around mechanically in a rut in the hospital in which she was trained, and has seemed to be a success, but when taken out of that familiar environment and put in a different city, in a different institution with different arrangements, she has made an utter failure. She knew how they did things in one hospital. She did not know the underlying principles of sound institutional government, nor how to adapt herself to different people, rules and conditions. She had no broad foundation principles back of her work to help to steer and steady her in a different environment. For this reason a great many, probably most, hospitals prefer to choose their head nurses from among their own graduates. There are some advantages and some disadvantages in doing this. The infusion of new methods and ideas is worth a good deal if it can be gained without too great loss in other ways, for there is no one institution whose way of doing everything

is the best known way, no hospital but has yet something to learn from others.

I am sure that it would be of distinct benefit both to nurse and hospital if the graduates of a school were considered ineligible for head nurse positions until at least six months had been spent in some other institution. A nurse would then return to her Alma Mater a better balanced, broader woman, rid of much petty conceit regarding her own training, with a diversity of methods, a more tolerant spirit—in every way better fitted for leadership in her own particular sphere.

In no line is more trouble experienced than where institutional ethics are concerned. We have been accustomed in the past to place a great deal of stress on hospital etiquette and very little on hospital ethics. The head nurse is in a position where she is all the time teaching by her example.

Next to experience the best of all instructors in a hospital is a good example. If the head nurse constantly disregards institutional rules; if she is found in a patient's room at ten or eleven o'clock at night when she is supposed to be off duty; if she is given to criticizing the methods of physicians; if she indulges in backbiting of other head nurses; if she is out till midnight three or four nights in the week; if she winks at violations of rules in pupils; if she discusses the failings of the general management in the presence of pupils, how can we expect to instil into them respect for authority; how can we successfully urge on them the necessity of habits of reticence; how can we expect to maintain proper discipline in the hospital and home? Every one of these defects in head nurses along ethical lines, and many others more or less serious, are being

brought to my attention by hospital superintendents and managers. It is seldom I hear that a head nurse was deficient along technical lines, that she did not know how to nurse or to assist the physician, but I very frequently hear that she did not clearly recognize the difference between the position of head nurse and superintendent, that she resented any attempt of the superintendent of the school to modify plans which she had made, and that she was often inclined to resent the superintendent's suggestions and consider them as interference in her department—in short, she did not know her place. For these failings the hospitals must bear at least some share of the blame, in that they have frittered away time on non-essentials and utterly superfluous matters, and left untouched or lightly treated this great subject of ethics as it relates to head nurses—a subject that is of vital importance to the harmony and general well-being of every institution. If half as much emphasis were placed on teaching nurses respect for duly constituted authority in institutions as is now placed on teaching loyalty to physicians, it would be a good thing both for nurses and hospitals.

I have wished many times that the men superintendents of our hospitals could be induced to give out more freely to our nurses in training of the broad and thorough knowledge regarding institutional management which they have been accumulating for the last ten, twenty or thirty years. I know such men are busy men, but we expect busy staff physicians to be self-sacrificing enough to give of their time to lecture to the nurses on medical subjects. Haven't we as much right to expect the busy medical or lay superintendent to adjust his duties

so that he can give some time to lecture on institutional subjects? Here and there in hospitals some such lectures have been arranged and given, but I believe it is the exception rather than the rule. One medical superintendent told me that in two or three years he expected to give some time to his training school. I have never yet met a man who said that in two or three years he expected to give some attention to other departments of the hospital. Why should he single out the nursing department for his neglect? He will probably tell you, if you ask him, that he has a very efficient superintendent or principal in his training school. That is a cause for thankfulness, but it certainly is no reason why the nurses should be deprived of the benefit of his accumulated wisdom and experience with all phases of institutional work. We need both masculine and feminine common sense and ability applied to our present training school problems.

A few months ago I was a guest for a few days at a co-educational college. There were in readiness about a hundred young women. As I was particularly interested in their domestic science department the principal explained pretty thoroughly their methods. In the cooking department, after each practical lesson, each girl was required to estimate the cost of the supplies she had used and hand an itemized account to the teacher. They had been making sponge cake that day, and on the account slips I found the cost of the eggs, milk, flour, sugar, butter—every ingredient reckoned down to a small fraction of a cent. The teacher told me this was required, however small or simple or cheap the thing was they were cooking. They must learn to count the cost and compare the expense of different foods. I wished very much then,

and I wish it still, that all our hospital head nurses might have some instruction in counting the cost of the various supplies in daily use. Why should not those in charge of our wards be able to estimate the cost of the supply of gauze or cotton or bandages used in a ward in a day or a week? Why should not the operating room nurse be taught how to estimate the cost of the supplies of all kinds used during one or several operations? Why should this not be a part of the pupil's training in that department? Why should not head nurses everywhere be taught to estimate the value of burnt catheters and colon tubes, of slaughtered medicine glasses and thermometers, of abused rubber goods and misused appliances? I am fully convinced that it would be a good thing for a nurse as well as for a hospital, and that the interests of the sick would not suffer in the least, if we, perhaps, spent a little less time on teaching anatomy and pathology and a little more on this kind of instruction. I was very much impressed a few years ago by a statement made in Charities of what had been accomplished in Bellevue Hospital in reducing the consumption of gauze in one ward. When attention was directed to the matter it was seen that 2,100 yards of gauze had been used in that ward in the previous week. By careful management it was reduced the following week to 1,100 yards, and the week after only 610 yards were used, although the service was just as active and the patients in every way as well cared for as before. One-third the amount of gauze used was evidently sufficient. The head nurse alone could not accomplish such a saving, but I know that if head nurses were instructed and fully impressed with the necessity of keeping account of the

items, and counting the cost of supplies, a very material saving could be effected in the average hospital. They, not the superintendent, are on the spot where the supplies are being constantly handled. They are in the best possible position to prevent waste.

I have wished, too, that a few classes, perhaps not over two or three, in simple business methods, banking, and such matters, might be held for all institutional nurses, for try as we may we cannot disassociate business methods from institutional work. We can ignore them in one department, but the neglect is bound to crop out in another and make itself unpleasantly felt. No nurse knows when she is going to find herself in need of such knowledge, and comparatively few girls seem to have had it before they enter a hospital. Nurses who have never managed the business even of the smallest home find themselves thrust into positions where they are expected to be the business manager of a good-sized institution. They have to conduct routine business from day to day, to make quick decisions, to represent the institution to the trades people, and to the public in general. This business ability, it seems, is expected to blossom out in the nurse, somewhere on the route between the training school and the hospital she is to manage. Certainly, even years as head nurse in a hospital ward would not, and do not, prepare her for business management. As a head nurse she uses the supplies purchased by others with little or no thought of where they were purchased, how or when they came to be on hand, or what they cost. I have known a good many otherwise capable nurses who did not even know how to make out a check. Some nurses seem to have a well developed commercial in-

stinct. Others are weak at that point, but strong in other ways; but it does seem as if a few hours spent in making clear the common business principles and methods that every nurse who does institutional work, or deals with a board ought to be familiar with, would be time better spent than in many lectures scheduled for nurses this past year.

The announcement was made a few months ago of an advance step that had been taken in regard to the course on Hospital Economics now being given at Teachers' College, New York. The advance step was this: Two students of the senior class are permitted to go three mornings in the week to St. Luke's Hospital to assist in the general kitchen, the linen room and the laundry to become familiar with the working of those departments. There is no question this is an advance step, and I am glad it has been taken, but as I read about it this thought—not a new one by any means—came over me with irresistible force. Is there any reason under heaven, except our own stupidity or prejudice, why a nurse who spends three years in a hospital should have to afterwards enter a college in order to gain access to a hospital kitchen to see how it was managed? Is there any good reason why she might not have the privilege of assisting in the hospital linen room and the laundry for a few weeks during her training? Could she not learn the valuable practical lessons she needs in a more natural and less expensive and less roundabout way than by the route of any college? Could she not learn something about how to manage a hospital kitchen quite as well in the hospital in which she trained as in St. Luke's? It looks to me a good deal like sailing down around by Cape Horn to get from Boston to London. Every

one knows that a nurse who goes to take charge of a hospital, however small, needs to know something about hospital kitchens. She needs to understand the purchase and distribution of food supplies. Every one knows she has to know how to get the hospital laundry work done somehow, but, as a rule, we religiously avoid letting her gain the slightest insight into these departments, while we arrange for class after class to be spent in a pathological or chemical laboratory; we insist that she must be able to say her bones and nerves and muscles, most of which she promptly forgets; we crowd a lot of other non-essentials upon her and utterly ignore this practical training for institutional work. Yet we complain that good institutional nurses are hard to find.

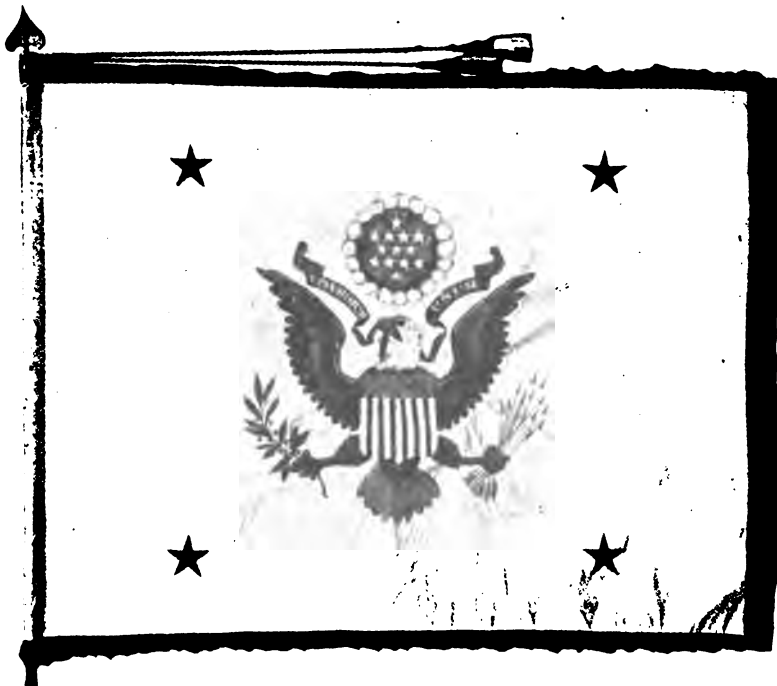
Is there any reason why nurses in training should not be taught how to purchase institutional supplies? If a nurse needs a great deal of knowledge of embryology and anatomy and other medical subjects there are books by the hundred which she can borrow which will answer practically any question on such subjects a nurse will ever have to face, but where can the average nurse get the teaching she needs along the lines I have mentioned? Where ought she to be expected to get such training, if not in a hospital? I had taken a post-graduate course and studied in every way to fit myself for efficient work in a hospital or out of it, but I very well remember the embarrassment I felt when it came to making out orders for supplies to stock the little new hospital to which I was appointed shortly after my graduation.

I knew how to nurse the sick. I felt confident of that, but that fact did not help me to meet a great many perplex-

ing questions I had to deal with every day. My ignorance regarding roasts, boils and stews and the quantities to provide, of how to deal with servants and such matters was far more distressing than any question that came to me in the wards. The agents for surgical supplies and drugs helped me out and taught me a great deal relating to those lines in those first few months, but is it fair that any nurse, after giving of her best and meeting all the requirements of two hospitals, working to the limit of her strength for them, should go out so totally unprepared for these larger responsibilities she will immediately have to meet, or be forced to learn such important lessons from an agent, or pick them up anywhere she can?

I believe that there is no place in the world where a nurse can learn such lessons better or in a more natural way than in a well-organized hospital, and I hope the day is not far distant when a hospital announcement will set forth just as definitely what it proposes to teach along these lines as it now sets out the schedule for the lecture course on nursing proper. The time ought soon to be passed when a nurse's success or failure as a hospital superintendent will depend solely, or mainly, on her own native ability, her womanly intuitions as to how things should be done and the thoroughness of the domestic training she received from her mother.

(To be continued.)



SILK COLORS OF ASSISTANT SECRETARY OF WAR.

The Nurse's Work in the Admitting Office

A REGISTERED NURSE.

OF the many articles which have been written on the various departments of a large hospital there is one of which little has been heard, and that is the reception, or admitting, office. Where could one find a better field for the exercise of all the attributes with which nurses are expected to be endowed? Patience, sympathy, cheerfulness, charity in the broadest sense of the word, and, last of all, a sense of humor to help one through some of the days when the tragedy of it all seems overwhelming.

Take, for example, the office at Bellevue Hospital, where admissions range from 90 to 120 daily; add to that the numbers who come in for advice, those referred to other city hospitals, others who come with friends—making in all a sum total of possibly 250 people daily. To attempt a description of even one day's experience is a difficult task. All day long the office is occupied—sometimes by all three kinds of patients, viz., those able to walk, others on stretchers, and still others in the wheel chair, or, as it is commonly called, the "Go-Cart." Policemen are frequently in evidence, either with a candidate for the prison ward, where the prisoners are cared for until able to appear in court; at other times with patients who are belligerent or to be admitted to the psychopathic ward, or, saddest of all, with a little mite of humanity deserted by those to whom it had been given to care for. These latter charges are brought to the hospital in ages ranging from a few hours to several months—in most cases, of course, the age is a matter of conjecture. The

pathos of the incident is frequently somewhat obscured by the very evident embarrassment of the policeman to whom the baby has been intrusted, and who comes in with a desperate expression on his face, which changes to one of great relief and joy as his burden is taken from him. It seems as though the officers selected for this duty were always the youngest, consequently the most inexperienced, and therefore sensitive regarding this particular kind of work. One who brought in a baby about two days old was much disturbed when he saw it placed on a pillow on one of the examining tables while the necessary papers were being made out. He stopped at the desk on his way out and disclaimed all further responsibility coincident with any harm coming to the baby should it "turn over and so roll off the table." He was much surprised and somewhat incredulous when told that babies of two days old did not usually turn over of their own accord, and, therefore, it was not at all likely to come to harm. Another baby was brought in, and after the officer had given it to the nurse he suddenly dashed back to the patrol wagon in which he had come, saying, as he rushed out, "I forgot something." He returned with the baby's bottle, and after handing it over went forth again with a look of satisfaction hard to describe and of one having rendered a valuable service.

Considerable space might be given to describing another class of patients accompanied by officers—the alcoholic patients in all stages, from the man, or,

alas! the woman, desirous of placing themselves beyond the reach of further temptation until the crisis has passed, for the time being, at least, to the one who is temporarily oblivious to all things, whose one desire seems to be to sleep, and who persistently refuses, or is unable, to tell his name or anything about himself, and only opens his eyes long enough to gaze at you amiably or without any expression, and is finally admitted with the very terse history of "Unknown Man" unless the officer has found some one who knows him.

From these two extremes we go on to a few of the others who pass through the office, truly a case of "All sorts and conditions of men," the foreign element, who rarely come unattended. The Italian, as a rule, usually accompanied by not less than three and seldom more than six friends, all of whom wish to go with the patient to the ward to which he is assigned. This not being possible, and having been explained to them by the interpreter, they content themselves by adjourning to the roadway outside and gazing mournfully up at the building, but they finally go away, cheered by the knowledge that they may come every day to visit the hospital.

Intermingled with the sadness of it all comes the lighter side when one must be amused if only for a moment. We recall the woman who came because her "heart had stopped beating three days ago" and who wanted the doctor's advice, also demanding that her temperature be taken, the latter treatment seemingly to insure a continuance of her heart action. She departed, quite satisfied, when assured that the organ was doing its work as usual. Then, there was the man who disclaimed any religious belief, but finally compromised, and in a patron-

izing tone, with an evident desire to be thought accommodating, told the History Clerk that she might put him down as an "Episcopalian" if she *wanted* to, evidently under the impression that he was thereby not committing himself to anything in particular. And so on all day they come and go. Policemen with their charges, parents bringing in their children and vice versa. Some very loath to take the doctor's advice and leave them, and others most anxious to do so. Urgent cases brought in by the ambulance and hurried to the wards—one might go on indefinitely describing the different classes and then feel that the ground had been inadequately covered. The nurse assigned to duty in the Admitting Office cannot help but realize the possibilities it offers to be of service other than that which is purely professional, and also her own helplessness to cope with any but a small part of the work of relief, hoping only that she may have been able to help one here and there, if only by a little kindly encouragement. It lies with her to reassure the relatives or friends, and, if possible, send them away feeling that the patient has been left in good hands. This, we all know, is not always an easy matter. Sometimes a little inquiry elicits the fact that the family of the patient are in dire straits, the promise given that some one, either a society or an individual, will assist them during his or her stay in the hospital will, many times, send the patient to the ward in a greatly relieved frame of mind.

At Bellevue, where there has been a Welfare Office established, it has simplified and expedited matters considerably to have some one right on the ground to whom all patients needing

help, either for themselves or families, may be referred.

The nurse in charge of this work is notified when help is needed and no time is lost in affording assistance, either through the office itself or the many societies with which it is in touch.

Indeed, the possibilities are many, but hampered by the stress of work, it is difficult and many times impossible to do all one would like.

Medical research, benevolent societies of all kinds, and every method of helping the sick and poor are most commendable, but as a valuable adjunct let us hope that the time is at hand when a sufficient working force in all of our large hospitals may insure more attention being given to the needs of each individual from the time they enter the Admitting Office until their discharge.

My Opinions on the Nurse's Food Question

AN EX-HOSPITAL MATRON.

I HAVE been asked my opinion as to the necessity or advisability from a health standpoint of serving meat three times a day to nurses, and of food and food service in hospitals in general. For a good many years it was part of my work to plan the meals for nurses, and I do not believe any individual in the hospital could ever honestly complain of under-feeding or poor food, either as to quality or manner of serving. I have always made a special point of keeping meals hot for nurses who were unavoidably detained when the regular meal was served, and have always made provision for a comfortable meal for night nurses. I do not say that all meals have always been just as I would like to have them, for I have had a good many different cooks, and have had to train every one of them. If we could devise some means of training cooks who would know their business when they came to the hospital, matrons would have easier times, and I

am sure a good deal of money could be saved with better food results.

I have never made a practice of serving meat to nurses more than twice a day, except during the regime of one lady superintendent, who was herself very fond of meat and insisted on it three times a day. Our meat bills were enormous for the size of the hospital during her term of office, and I came in for a share of the blame. But with a change of superintendents I asked permission to cut down the serving of meat to nurses and help to twice a day, and was glad to find that the new superintendent approved. Our board commented with a great deal of pleasure in the substantial reduction we were able to make in the monthly bills for meat, and everybody seemed just as well satisfied as before. I did not hear one complaint because of the change. I have always made a practice of serving at least one substantial hot dish at the nurses'

supper, which we usually had between five and six o'clock. I was quite pleased to see in a recent number of the Ladies Home Journal, that Mrs. S. T. Rorer, the noted Philadelphia expert on food, recommended several of the dishes which I have commonly used at supper as substitutes for meat. When I had plenty of milk on hand I served tomato soup and baked potatoes. Scalloped corn was a favorite dish with a great many of the nurses. Some nurses were very fond of baked beans, and others did not seem to care for them, so when I served baked beans I usually had a smaller quantity of some special hot dish of some kind, often some creamed vegetable left over from dinner.

Macaroni with tomatoes and cheese was another supper dish that we often had; I did not know just what its nutritive value was, but I notice that Mrs. Rorer says it "has far greater muscle-making value than the same quantity of meat." At the prices of meat for the last few years, it is surely a much more economical dish, and when properly made is relished by most nurses with an ordinary appetite.

Corn fritters and rice fritters were two things which rarely failed to please, though, as I said, I could usually contrive to serve something for the few who had any special aversion to any of these foods. Baked rice, potato puree and scalloped potatoes came around in turn, also salsify and egg plant. Cottage cheese was another dish which most of our nurses were glad to see, and I was pleased to notice that Mrs. Rorer, in the article referred to, states that the sweet or sour home-made cottage cheese is a very good substitute for meat, so far as nutritive value is concerned, and that when it is used to "supplement such

starchy foods as white bread, potato, rice, macaroni, hominy and hominy grits," the result is a well balanced meal.

I have used a variety of salads that do not take too much trouble to make—used them mostly for supper, for our dinners were always sufficiently generous without them, and the suppers were the greatest problem. With some of these salads I used peanuts quite freely in making them. Analysts tell us that peanuts contain 5 per cent. more tissue-building material than lean beef of the same weight, so that when used to supplement some hot dish consisting largely of starch, I still felt I was giving a pretty well balanced meal.

In the fall of course we had fresh corn, and fresh baked tomatoes quite often, and with cottage cheese added to the usual substantial we had what I considered a wholesome meal.

I do not pretend to be a food expert, but I have read and studied everything I could get hold of that bore on my particular work, and I have tried to study economy and at the same time give the nurses and help substantial, well-balanced meals, and to keep the tables and the serving up to a fair standard. I might add that when I have read so many complaints from nurses about poor food and careless serving I have wondered if the nurses who write such articles have always been careful to observe ordinary good manners at the table; and if they have paid any attention to the appearance of the table linen, or have always tried to keep it neat. I believe every one of the nurses I have had to deal with regarded me as a friend, but I do say that in an orphanage which I had charge of previous to going into hospital work, the children of eight to ten years of age were better behaved and exhibited more re-

straint in the matter of table manners; they were more careful about not soiling the table covers, and in a dozen other ways than a good many of the nurses I have had to deal with. The nurses knew better, but some of them were very careless and thoughtless. I have known on more than one occasion when a supervisor was not at a meal that nurses have thrown food at each other's heads across the table, and I could tell, if I would, of a great many improprieties of this sort. I know that on several occasions the superintendent has had to undertake the very delicate task of speaking privately to nurses about breaches of table manners which any observant girl of fifteen ought to have corrected in herself, even if they were permitted at home. These breaches occurred in girls with good education, girls who had been prominent in church and the social life of the place they came from. I often wonder if girls of this class are writing the complaints about inferior table service in hospitals. There are always two sides to every question, and the other side of the nurse's food question, the hospital side, has yet to be stated.

But to return to the question of meat, I wish to quote in closing one other item from Mrs. Rorer's article, which I firmly believe. She says: "It is difficult to impress upon the average man that meat is an expensive luxury, not a necessity. We are always in a hurry—we yield easily to the demands of appetite. Indeed, we are frequently such slaves to it that we cannot enjoy the remaining part of the meal unless there is a huge dish of meat in sight. 'What the appetite craves,' says some one, 'the system really needs.' We try to believe this to

satisfy our own illogical tendencies, but no greater mistake was ever made."

It has been stated by some nurses, who have written on the question of feeding nurses, that the first place a hospital tries to exercise economy is on the nurses' table. This I cannot believe is true, though some people might think I was writing in the interests of economy at that point. I have had a very good chance to observe, and I know the nurses were just as well off in every particular when we served meat only twice a day, and not always that, as when we served it three times, and to me the necessity for meat the third time was never clear when I gave them something instead that was appetizing, had the same food value and cost much less. I have always been employed in hospitals where a hundred dollars more or less in the bills at the end of the month was an item of a good deal of importance where money did not roll in in large amounts, and every item of expense was important enough to be scanned and studied. We treated our nurses well, but we did try to be sensibly economical. We made a practice of sending the Sunday breakfast over to the nurses' home, so that those who were off duty in the morning could sleep as late as they pleased, and still not miss their breakfasts. I believe I can truly say that while I was matron no nurse started on a railway journey of more than a few hours' duration without an appetizing substantial lunch being prepared for her. I did this as faithfully as I would do it for my own people, and without being asked to do so, but when I had any choice in the matter I never served meat three times a day.

Obstetrical Nursing in Private Practice

PAPER III.

Care of Baby

ANNIE E. HUTCHISON.

IN the midst of the attentions always required by mother after birth of child the nurse must not forget that baby should be examined occasionally for signs of hæmorrhage from cord. Before cord is dressed examine ligature to make sure that it is properly tied and if you have any doubt apply another ligature. Even though ligature may appear to be all right, and though there may be no signs of bleeding for the first hour or two, and though you may have taken care of forty babies and never have seen any sign of hæmorrhage do not therefore be assured that there is really no danger. Be prepared for the possibility of it. Hæmorrhage from cord is of two kinds, primary and secondary. Primary hæmorrhage is generally the result of a badly tied ligature and in such cases the remedy is to re-tie it. Secondary hæmorrhage is more serious, being harder to control. It may be due to ulceration of cord or suppuration resulting from septic infection. Navel is a frequent site for septic infection and cord should be kept very clean until it falls off. In case of secondary hæmorrhage send at once for doctor and in meantime apply a firm compress of cotton or make pressure with the fingers. If medical aid cannot be secured and the infant seems in danger of soon bleeding to death the hæmorrhage can very likely be controlled by passing a needle through the skin on either side of the umbilicus and then winding a strong thread from side to side round the ends of the needle in the

form of a figure eight thus drawing edges firmly together after which apply compress and bandage. It is surprising the amount of blood a baby can lose and still live and should an emergency of this kind occur do not be discouraged. The writer will always bear in mind the shock of discovering a seven hours old baby, the child of a near relative, lying literally in a pool of blood. In this case the cord had been tied and apparently well tied by the doctor; there had been no signs of hæmorrhage at first, nor for at least four and a half hours after birth, and the ligature had not slipped off. When discovered the babe was pale, cold, limp, apparently very near death; and the blood soaked clothes and clots of blood that removal of blanket revealed, made it almost seem impossible that child could rally. There was no medical assistance at hand. The baby was quickly undressed, cord was re-tied nearer to umbilicus and dressed as before with boracic powder and gauze, a firm compress being placed over dressing and then the flannel band applied. Baby was then wrapped up in hot flannels and fed brandy and water (only a few drops of brandy, altogether), every fifteen minutes until it showed signs of reviving. For a week it was not bathed except with warm oil, and it was dressed only in woolen shirt and napkin, being kept wrapped in flannels and near hot water bag. The baby rallied with astonishing rapidity, soon became able to cry and nurse (within seven hours, but first cry was very faint),

and ere long was rosy, plump and vigorous. Besides regular nursing this baby was given a little drink of warm water frequently, it being presumed that it would suffer more from thirst than other babies. It was not a big, strong baby at birth, but a little, rather thin baby.

Sometimes it is not advisable to wash and dress a new-born baby for some considerable time after birth, but as a rule it may be done at the nurse's earliest convenience, after the mother has been made comfortable. A premature baby, or a thin, frail one, ought not to be washed with water at first; it should simply be cleansed with warm oil, wiped off with absorbent cotton or soft rags, the oil bath being gentle and expeditious and given in a very warm room, and the baby's eyes and mouth being attended to in the usual way. Sometimes before beginning bath the new baby should be well oiled all over head and body with warm sweet oil. Sterile vaseline may be used instead of the oil, and pure lard is also recommended by some. Before commencing bath be sure that you have within convenient reach everything you may require. Choose some room with a temperature no lower than 70 F., and observe every precaution to avoid chilling the infant. Temperature of water should be about 98 or 100 F., preferably the latter, as baby is not to be immersed. While keeping baby wrapped in blanket, carefully wash mouth and eyes with weak boracic solution (warm), or with warm sterile water, using small squares of sterile gauze or old linen previously prepared for the purpose, or small tufts of sterile absorbent cotton, always using a separate piece or two for each eye, as well as separate piece for mouth, and casting aside the used pieces into a paper which can easily be gathered up and

burned afterward. Then wash and dry face, then head, and then body, using one washcloth for face and head, and another for body, also using a little pure soap for head and body, and always both in washing and drying, being careful not to rub very much, as baby's skin is very tender. Do not worry if all the vernix caseosa does not come off with the first bath. Examine baby to see if anus and urethra are open; a plug of vernix sometimes obstructs the urethra, and if not removed will cause retention of urine. After baby has been carefully dried with warm soft towel it should be freely powdered with talcum in all the tiny creases around neck, under arms, in groins, under knees and inside elbows. If a nurse finds no special powder provided, cornstarch will likely be available, and this, in the absence of a better, serves the purpose. The cord should be dressed according to preference of doctor if he expresses any; if not, a most satisfactory way is to powder well with borax (or plain talcum may be used instead), and either wrap in absorbent cotton, gauze or old linen, or, as the writer prefers, pass cord through hole cut in square of several thicknesses of gauze or old linen, folding material over on both sides and placing a thin, rather broad compress over dressing, afterward applying the flannel band, which should be put on very smoothly, fairly firm, but not too tightly. The flannel strip should be long enough to be double over abdomen, and should be fastened at side with stitches. Allow baby to lie flat in lap and turn and move it as little as possible while dressing. It is a good idea to place pieces of soft, old muslin inside baby's diapers for the first few days, as the meconium is very adhesive and not easily removed from diapers, and the old muslin can be burned

as soon as soiled. While the nurse must accept for baby the clothes provided, her opinion or advice is often asked in regard to them. They should be soft in texture, simply made, easily adjusted—to fasten with tapes is a good way, loose enough around body to place no restraint upon infant, and loose enough everywhere to allow free movements of child's limbs, and warm. The general rule is not to give the baby a tub bath until cord drops off, and is well healed, but the ordinary healthy baby may be given a sponge bath every day, at a regular hour in the forenoon if possible. Do not give bath for at least an hour after nursing; before a nursing hour is a good time, as baby will not then need to be awakened later on. When tub bath is given, head and face should be washed and dried and body soaped before baby is put into water, and care should be taken not to lower it too abruptly into the water. Support its body with hand while in bath; allow it to remain in water only a few seconds, and lift it out into a warm towel. Watch that baby does not get blue fingers or blue skin during bath. Give bath as quickly as is consistent with gentle handling of infant. Be careful to avoid exposing baby's eyes to strong light; wash regularly with warm boracic water and see that matter does not gather in them. The mouth should be washed out after each nursing, a weak solution of boracic acid or borax being used, or, if a nurse happens to be where she has none of these, a weak solution of bicarbonate of soda may be employed. Baby's nose must also be looked after, for if allowed to become plugged up child will have trouble in breathing, also in nursing. A good way is to clean it gently with a tiny tuft of absorbent cotton wound over the end of a toothpick. Baby should be kept

in a warm place, preferably away from mother except at times of nursing, as both will rest better under this arrangement. When no special place has been provided, a very satisfactory bed for a young baby is an oblong clothes basket, not too deep, with a pillow or two for mattress and a blanket over pillow. While all babies need warmth, some require less than others. A delicate little baby requires more warmth than a big, vigorous infant. When baby's head becomes covered with perspiration it is too warm. The feet, particularly, need to be kept warm.

The baby need not be wakened to feed during the first week—some authorities insist that it should *never* be wakened for this—after which it may gradually be brought into regular habits. As regards hours of feeding a good deal I think depends upon the baby. Babies differ as adults do, some taking less at a time and requiring more frequent feeding than others. To adopt a system and subject all babies indiscriminately to it is surely a mistake. Some babies take beautifully to the two-hour system, and thrive splendidly under it, while others would undoubtedly do far better if fed less often. A young baby is not generally sick when it regurgitates its food; it has taken too much, or has been getting it too fast. When a baby is always vomiting or has undigested milk in stools, it is getting more than it can digest, and to feed it every three hours during day instead of every two will be the better method—the reference is to nursing babies where the quality of nourishment is not likely to be at fault, as may be the case with bottle babies. For the mother's sake more than your own make a conscientious effort to have baby acquire regular habits of feeding and sleeping. This is not always as

easy as it sounds when we hear others tell about it, for sometimes a baby will *not* wake up at the regular hour, or, on the other hand, it may be awake an hour before the time and crying lustily apparently from sheer hunger, it having probably insisted upon going to sleep after having nursed only a few minutes. Of course, a baby is not always hungry when it cries; it is often just the result of an already overloaded stomach; but this does not alter the fact that the nurse will frequently have some difficulty in convincing those interested in the baby that it really isn't being starved to death whenever it cries and is not permitted to nurse. The majority of parents, educated and uneducated, seem remarkably alike in this respect, but the tactful nurse will be able to inspire confidence in her management of baby, especially if she understands her little charge and its needs well enough to have confidence in herself. Sometimes when baby cries, a little drink of cool water will quiet him. All babies should be given a little water occasionally. The first secretion in the mother's breasts, the colostrum, is the natural purgative for a baby, and the infant may generally be put to the breast within a few hours of its birth provided the mother is not too much exhausted. Some babies require nothing, or only a little water until milk is secreted, while other hungry infants must be fed. Cream diluted with warm sterile water is a favored food for young babies, but there is a wide difference of opinion as to the relative proportions to be used. Some doctors order 1 part cream to 8 or even 16 of water, while others desire less water. Personally, unless there have been special instructions that a nurse is to go by, I think that the proportion of

cream should be very small at the start and increased if necessary. Should the baby for any reason not be able to nurse, cow's milk is the usual substitute, and, if it can be obtained pure and of good quality, probably the best, although it does not prove a success in every case. It must always be modified, diluted with water and sweetened with sugar of milk, or otherwise changed, to suit the requirements of a young baby, but in a case where the baby is to be bottle fed the doctor should take the responsibility of advising as to food, and will furnish the formulae he approves.

Sometimes young babies suffer from mastitis or inflammation of breasts, the breasts in such cases containing a fluid and being swollen and very tender. The condition usually passes off without treatment; but the nurse should be very careful to see that the clothing does not irritate the parts and to avoid this it may be advisable to protect with a soft pad of absorbent cotton. Hot applications have sometimes to be resorted to, but in cases where a doctor's advice was available, he would of course direct the treatment.

Wet napkins should not be allowed to remain on baby, nor should they be used again without first having been washed. Wet napkins should not be hung up to dry in patient's room.

A nurse is often asked when the baby may be taken outdoors. It depends a good deal upon the weather. In fine summer weather the baby may be taken out when only a week old, although a month seems to be the average rule. If atmosphere is damp, if the day is windy, if it is very cold or very hot, it would not be advisable to take a young baby out.

A Few Suggestions in the Care of Neurasthenics

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Woodmont, Conn.

OF all the cases a nurse is called upon to care for the neurasthenic is one of the most difficult to manage. He or she may be exceptionally good in other branches of professional work, yet make a complete failure in this special line. There is an increasing demand for nurses who can successfully handle nervous cases. Some one has said "Nurses are born, not made," and to a certain extent this is true. To care for a person suffering from nervous prostration self control plays an important part and sometimes the nerves of the nurse will get the better of him, especially if his nervous energy is somewhat limited. In this event the best thing to do is not to accept calls to cases of this kind. If the nurse's personality is not as strong as that of the patient he will get into trouble at once. Do your best to like your patients, and make up your mind before you see them you are going to like them, and do all you can to command their respect. They are a hypersensitive class and often say things that are not agreeable and that they do not mean, but all nurses expect to make personal sacrifices and with neurasthenics these sacrifices are perhaps greater than we sometimes feel like making.

To do justice to your patients you must take good care of yourself; insist on having the proper amount of exercise in the open air and a goodly amount of sleep each day. Most all physicians will make these suggestions to the friends of the patient and see that they are complied with.

The best of manners should always be

exercised, for nervous people are sometimes over-refined and are very exacting about their duties and personal appearance.

Do not be too familiar with your patients; if you do, sometimes they will act as if they owned you and will treat you accordingly. One author has well said, "Familiarity will surely kill that finer sense of respect and estimation that should exist between patient and nurse." Sympathy is a good thing in the right place and appeals to us all, but great care should be exercised in this regard with nervous patients, for they crave it at all times, and one of the hardest things which the physician and nurse has to combat is the influence of over-sympathetic relatives and friends.

We cannot always rely on the patient to give a true account of his condition, for everything pertaining to his symptoms seems so much worse than they really are. They hate to be honest with themselves and sometimes seriously object to the treatment advised.

The treatment of the neurasthenic rests entirely with the physician in charge, and while he may not be a Mitchell or a Charcot, he has a right to his own opinion and it is the duty of the nurse, as a subordinate, to follow the instructions whether they coincide with his views or not. Every case is a law unto itself and what may benefit one may be a detriment to another.

Dr. S. Weir Mitchell and other celebrated neurologists have very forcibly demonstrated the value of isolating the patient from relatives and friends during

treatment, preferably at a sanatorium. Hydrotherapy in some form has been used in the treatment of nervous diseases for many years and Dr. Wilhelm Winternitz has done more than any other one physician to put this method upon a scientific basis. I have cared for some cases where baths of various temperatures and pressures were found of great value and I believe in the future it will be used more and more as a therapeutic agent. The nurse is a very important factor when hydrotherapy is prescribed and he should familiarize himself with the method of giving cold packs, sponge, sheet and drip sheet baths, half baths, etc.

The symptoms of neurasthenic patients should be closely watched from day to day and during different portions of the same day. It should also be noted whether they are much depressed by a visit from a relative or not and a careful report made to the attending physician. Don't talk with them too much about their troubles; leave that to the doctor; he sees them only for a short time each day and can make a much stronger argument as to their condition.

Diversion is a necessity and the physician generally plans for each day something to occupy every hour of the patient's time. Of the various kinds of exercise which are advised, walking is perhaps the best, for it brings more muscles into play than any other. If the patient is weak, driving is excellent, for it gives him the benefit of fresh air and change of scene without any exertion. Various games are indulged in, golf, per-

haps, being one of the best; billiards, tennis and croquet are also good. Be always on the outlook and don't let your patient get overtired. I once had a patient who was very fond of playing pool and the doctor advised a few games each day. Another doctor in the same town used to join us occasionally and the interest would run pretty high. One day Mr. R—— and Dr. W—— played the usual number of games and I suggested that they stop, but my patient refused and after a few more games I saw he was in no condition to continue and again cautioned him to stop. Finally he gave in but it was too late. The reaction came the next day and he expressed himself as being "all in." I am glad to say he was very honest in the matter and explained to the doctor's satisfaction that it was all his fault. So you cannot be too careful in restricting such a patient in his exercise. In the vast majority of cases they will be guided by the advice of the nurse and when they will not the patient (and nurse also) have to suffer. The family and friends will often inquire as to the patient's condition, and when you can do so without offending, refer them to the physician. It is his place to say as little or as much as he thinks best and at times nurses make grave mistakes by talking too much.

Neurasthenic cases are difficult to care for but they are interesting and if the patient recovers, you have won his everlasting gratitude for the sacrifices you have made in his behalf.

In Quarantine with Diphtheria

HELEN M. STEWART.

IN the Winter of 1905, diphtheria was epidemic in parts of the northwest. I was living in a small town in the north-eastern part of Washington, where the disease was prevalent. The three physicians of the town were busy day and night, for they had a large territory of surrounding country to cover in their practice. One of the physicians was "doctor" to the Indians of the nearby reservation, which required much of his time, leaving most of the town work to the other two doctors. I was the only graduate nurse in the vicinity, so I, too, was busy, dividing my attentions, as much as possible, rather than devoting my whole time to one patient.

One of our physicians had been called to a small town in the northern part of Idaho, thirty-two miles from our home town, where the dread disease was increasing daily.

One child had died before the arrival of the doctor, and as he was unable to get but three tubes of antitoxin, he treated the children of this afflicted family only, and returned to town for more supplies. As the doctor could not be spared from his daily practice, it was decided I should return to the Idaho town with more antitoxin and medicines. Delay was dangerous, so within twelve hours I was on my way, well supplied with medicines, disinfectants and fifteen tubes of antitoxin. It was a cold night in January, and the roads were rough and frozen. We left our home town at 7 o'clock in the evening. I was to stop on my way, three miles from my destination and give antitoxin to three chil-

dren, one of whom was in bed with diphtheria. We reached that home about 1 o'clock in the morning and found the parents anxiously awaiting help. The boy confined to the bed was not seriously ill, and improved rapidly after the antitoxin. I made but one more call there during my stay of six days in the town.

After leaving this home we drove to my headquarters, at the home of the merchant of the place, who was leader in most all affairs of the town, and responsible for the aid of both doctor and nurse. There were about twenty-five families in the town and immediate country, all having been exposed to diphtheria by the arrival of a "logger" from a nearby logging camp.

After a light lunch I went to bed for a four-hour's sleep. In the morning I gave antitoxin to five of the six children in the house where I was stopping, and after breakfast went to the boarding house of the town, and treated three children there. None of these children had diphtheria, but all had been exposed.

The family whose baby had died had three children quite ill in bed and two not yet stricken. My next visit was to them, where I was to leave medicine and give more antitoxin if necessary. These people lived in a one-room shack on a timber claim three miles from town. Snow had fallen during the night and the road was entirely hidden from view, but the driver knew the road perfectly. In many places he had to get out and stand on the runner of the sleigh to balance it, and sometimes we both would have to get out to keep the sleigh up-

right; we arrived safely and I was as far in the woods of the Panhandle of Idaho as I ever expect to be.

Before entering the house I put on a long linen coat, which covered my uniform completely, and a linen cap, leaving my own garments in the sleigh. The three children who had been most seriously ill were up and dressed, and the other two in good health. It was impossible to fumigate this shack, as above the one living room was a loft full of old truck, and the whole building was full of cracks and holes. I saw that the doctor's orders regarding care of person and diet were strictly carried out. The throats of the children seemed to be quite normal, as did temperature and pulse, but I left a generous supply of peroxide for gargle, and bowel medicine sent by the doctor.

Carbolic acid had been used thoroughly all the time, and this was to be continued until the children could go out doors.

I made one more call there before leaving the town, and found the children in very normal condition. The father built a new house as soon as possible and burned the old shack—most effectually destroying the diphtheria germ.

In the afternoon I gave four more antitoxin treatments and sent back home for more. As the town was in quarantine, the stage did not make its usual trips.

This stage went twenty miles to the home town of the Indians on the reservation and received its mail from a stage coming from the nearest railroad town, twelve miles beyond. The third day of my stay the stage went out after mail and my new supply of medicine.

There was but one very sick child at this time. This was a little boy to whom

I gave two antitoxin treatments. I had two night calls to him; in both instances his breathing becoming so difficult as to frighten the parents. I tried "steaming," which was very successful in loosening the membrane and clearing the throat. I made a "tent" of a sheet through which the steam from a boiling tea kettle passed to the child. Later I swabbed the throat with hydrogen. The child was doing well, but a too-indulgent parent took him out of bed into another room when he took a slight cold. The second time I was called in the night I gave the second antitoxin treatment. The child recovered rapidly, and the baby sister was not ill at all.

I was next taken to a home two miles from town, where two children had been exposed, and a deal of anxiety was felt by the parents as a laborer had just left the home quite ill with diphtheria symptoms.

One of these children was a little girl who had spasms since babyhood. She was now three years old. Our doctor knew of this case and had told me not to be at all fearful of giving her the treatment as her spasms were easily controlled, should the shock of the hypodermic bring one on. It was two hours before the parents could decide what was best to do, as their dread of the child's spasms was so great. After seeing the little boy successfully and harmlessly treated, they decided I should treat baby. The mother left the house and the father held the child. The antitoxin was given, and baby was playing on the floor, well and happy, in ten minutes' time. My next visit was to a home where three grown children lived. Two of them were glad of the antitoxin, but the third could not be persuaded to take it.

Often I found the parents entirely opposed to antitoxin, consenting to its use only because I had been sent to them by a "trusted and tried" physican. In some cases, however, I found them very glad of it, for the children, as the night previous to the first case being pronounced diphtheria by the doctor, a church social had brought most of the families together, among them the brothers and sisters of the sick child.

The town was in close quarantine, and the people adhering strictly to the doctor's orders, spread of the disease was checked promptly. I posted their orders for fumigation in the post office, and their quarantine was to be raised by written notice from the doctor posted in same place.

I stayed six days in the town, treating twenty-five children with antitoxin in that time.

I left for my homeward trip on a beautiful, frosty morning; the stage made the Indian town by noon, and I am sure all germs which might have left the little quarantine town with us, were destroyed long before noon by the frost and sun which was evrywhere prevalent.

At this Indian "Mission" is a large school, conducted by the Jesuit Fathers and Sisters, for the Indian children.

The stage drivers, from both ways, and their passengers always ate with the Sisters, but the driver warned me to take a lunch, as it was probable the Sisters

would not take us in, coming from the quarantine town. They had refused to dine him for the week past, and I called on the Sister Superior to explain that the stage driver lived alone and had not been exposed at any time to the disease. It was, seemingly, an unnecessary hardship that he should take that drive of forty miles in frosty weather without a hot dinner, but the Sister Superior felt it too great a risk, but she sent him hot soup and hot coffee. Surely, a school full of sick Indian children would be a catastrophe any of us would guard against!

There was one very mild case among the Indians which I visited while waiting for my second stage drive. The sick one was a baby on a papoose board—doomed! The mother, father and several friends were watching the end. The mother could not be persuaded to take the little one off of the board. There it must suffer, with its tiny legs and arms all bound up, until death released it.

The remaining twelve miles of my journey was uneventful. I reached home in the late afternoon, none the worse for my six days' experience in the woods with diphtheria. Our doctor heard several times from the little town after quarantine was raised, and all reports were satisfactory.

By early Spring our own town and vicinity was entirely free from the disease, and a healthy Summer followed the hard Winter.

An Alaskan Episode

EMILY HARRISON BANCE.

IT was raining in Valdez. A little way out of town the little Mission Hospital stood with the water dripping from her eaves, her yellow painted walls shining hopefully in the rain. The little glacier stream running through the hospital grounds murmured cheerfully on its way to the sea.

Inside the hospital, where, by all the laws that govern the universe, everything should have been dismal and depressing, things were quite the reverse. On this August afternoon of which I write, any one entering the hospital would have been struck with the general air of cheerfulness pervading the ward. A rose bush and several geraniums in full bloom adorned one of the window spaces. Alaska boasts many beautiful flowers, but geraniums and roses, children of a warmer climate, are a rarity and only thrive indoors and need care.

A stove was burning brightly in the middle of the room, and in the glow sat three patients. There were four in all, but the fourth was sitting up in the nearest bed. All four were convalescent and had been in the hospital several weeks, and, having been through trials together, had become great cronies.

All four were from different parts of the country, but fate had drawn them together, making them friends in misfortune. In true Alaskan comradeship they called each other by their Christian names. Fred, the man in bed, a Californian, had been two years in Alaska. He was suffering from a serious break in the left leg, which was slow in healing. While out on a prospecting trip he

slipped off his mule while crossing a glacier stream. All would have gone well, but, unfortunately, the mule, faithfully following her master, kicked him while swimming, just as they reached the shore, seriously injuring the leg. Then the mule recrossed the stream and returned to Valdez without her master, and immediately his friends searched for the missing man and found him wet and exhausted on the bank. Ed, a New Yorker by birth, was a miner from Ellamar, on Prince William Sound, recovering from a fractured foot. He had red hair and, moreover, was attired in a brilliant red wrapper, so was nicknamed "Red" by his fellow cronies. Jim, a Kentuckian, recovering from a two months' siege of rheumatism, was the wit of the ward and, having been very seriously ill and near death, was respected and looked up to accordingly. He was always given the best of everything.

"Middy," the sailor, was the latest comer of the four and had only been in the hospital three weeks. He was born in Kansas and was one of the crew of a United States revenue cutter. During the short time he had been in the hospital he had created a general atmosphere of sea life in the ward. He used all the nautical expressions, such as starboard and aft, called his bed a hammock and the men mates. He also told long yarns about the sea and always capped the climax in every argument.

All these patients were attired in bright blanket wrappers and felt shoes, which had recently arrived in a donation box from the East. The hospital being

part of the Episcopal Mission, it is the recipient of many donations and the arrival of a box from an Eastern church is an event full of interest to every one. Red was running a phonograph, a large Edison Standard, a very clear and bell-like instrument. It seemed strange to hear the strains of "Everybody Works but Father," "In the Shade of the Old Apple Tree," "The Sidewalks of New York" and "Dearie" in a little hospital so many miles from civilization.

The phonograph is a great amusement in Alaska, where there are no theatres of any kind and few amusements.

The little hospital boasts about two hundred records, including religious, comic, operatic and band selections. Often the strains of "El Capitan" and the "Manhattan Beach" resound cheerfully through the ward.

And so Red played one record after another until he came to "The Lemon in the Garden of Love," the acknowledged favorite. Let it be said that Jim, Red, Fred and Middy were all old bachelors between the ages of fifty and sixty. That is the reason they liked "The Lemon in the Garden of Love." This always called forth a good laugh from the four old bachelors and they never failed to congratulate each other on their good luck in not being married. They had all escaped the lemons.

And so, after playing the prison song from "Il Trovatore," "Tell Me, Pretty Maiden," from Florodora, and "Louis and Lena at Luna Park," Red played "The Lemon."

Somehow, the laugh which followed "The Lemon" on this particular afternoon didn't seem to have the true ring, and there was a perceptible silence.

"Well, boys," said Fred, "I'm too old for marriage now—no one would have

me," and his face looked white against the pillows.

"Well," ejaculated Jim, "I'm powerful fond of kids, but I never saved enough to get married on. Never had the dough. How did it go with you, Red?"

Red said that his girl had red hair, and they all laughingly agreed that it was just as well he remained single, for two red heads always quarreled—too much temper.

Then Middy told a long yarn about his love affair, how eighteen years ago he had the finest girl who jilted him because she thought he was poor, and all the time Middy had three thousand in the bank "unbeknownst to her."

So he gave up love and entered the navy, and won honors fighting for Uncle Sam, and soon he would retire on a pension, and no one to bother about either.

"But," said Fred, "when you grow old it's good to have some one who cares. Just look at me now laying sick here. I haven't anybody." He paused and in his thoughts looked down the years and saw the girl he was engaged to in sunny California long ago when he was young. She had caught cold a few months before the wedding day and died of hasty consumption. Fred had never recovered from it, and had never cared for any one else, but his loss had made him sympathetic, and he had hosts of friends.

"Boys," he said, "we laugh at the lemon, but we haven't anything. Men who are married and have wives and families have something to live for and some one to care."

And so they talked and smoked, and then the cheerful electric lights were turned on, and Oto the Jap passed around their trays. Soon all were enjoying their clam soup and corn bread.

That evening a new patient suffering

from rheumatism was admitted to the hospital. Hans, the newcomer, was a German, a miner from Landlock Bay, who had come thirty miles in a steam launch. He was chilled through and both ankles were painful and swollen—rheumatic from working in the damp mines.

The four friends eyed him sympathetically while he was being made comfortable in bed with hot water bottles.

Each assured him that he would soon be well, but the newcomer seemed very non-communicative and despondent.

The next day they tried to cheer him up, but Hans was very reticent and nothing seemed to brighten him.

"You oughten ter feel so blue about a little rheumatiz," said Jim. "Why look at me. I had it mighty bad, and I'm all right now. I couldn't move at all when they carried me in."

"Oh, you'll soon be on deck," said Middy. But Fred said, with ready sympathy: "Leave him alone. The man's worried about something."

And so they stopped their questioning. Then late in the afternoon Red, as usual, began the phonograph. Hans listened intently and seemed to enjoy the music, and after several selections the refrain of "The Lemon" floated through the ward.

The men were in a good humor, and forgetting their little talk of the day before, laughed and joked freely about the little song with its ridiculous chorus, and once again they laughed and congratulated one another. Then Red, noticing that Hans did not join in with their merriment, said: "What's the matter, boy, thinking about your girl?"

The young man turned his mournful brown eyes on the four men, and then, catching the sympathy in Fred's face, he

blurted out: "Men, my wife died two weeks ago," and buried his face in the pillow.

The words were like magic. A hush of compassion and sympathy fell on the little group, and Red closed the phonograph.

They were all very kindly sympathetic in their rough way. Little by little they learned how much he cared for her, how she was just twenty-two and had died in the little mining camp on the Sound. The men were as kind as it was possible to be to Hans. He had had a wife and lost her. His sorrow was great, but his life was full as theirs never could be, for it was crowned with the love he bore the dead. In life she was probably a hard-working coarse-featured woman, and he only a rough, uneducated man, but they had loved each other and love, although it often brings sorrow, is the greatest gift of God.

One by one the four friends and Hans left the hospital, and new patients took their places.

Several weeks later some one was playing the various records, and on opening the box containing "The Lemon" found it broken in a hundred pieces.

So things change and outlive their term of usefulness. The phonograph record had contributed more than its share of cheerfulness to the world, but, as all good things must, sooner or later, it had come to the end of its career.

But its plaintive mocking chorus will always be remembered by four men who were once cheered by its refrain—

"Will some one kindly tell me,

For I would like to know,

Why I picked a lemon in the garden
of love,

Where they say only peaches grow."

Practical Points

THE result of using the ice cap to reduce high temperature I have found most gratifying. According to the range of temperature the ice cap placed in one or both axillae, arranged so it also rests upon the artery in the arm, or tied on the inner part of one or both legs above the knee, has immediate effect upon the temperature, reducing it two to three degrees and holding it down while patient sleeps or rests quietly. Delirium is quelled, nerves quieted and many of the sequent results of high temperature averted. While making the tests I found that even in a temperature of 105.2-5 degrees the cold sponge was unnecessary. I observed, also, that the temperature never fell to "sub-normal," though it sometimes touched normal and was held there so long as the ice cap was left on. Patients do not object to this method of reducing high temperature as they do the sponge, pack or plunge. F. D. B.

An invalid's bed tray is cheaply made by buying a child's table at cost of 25 or 50 cents and sawing off the legs.

I use finger cots for ice bags for eyes and find them superior to gutta percha squares or compress. A little elastic band will hold ice and water well inside.

In my bag I have bags and cases for everything separately. Douche bags, abs. cotton, gauze, etc.; for instruments and odds and ends I make cases similar to an envelope, and stitch down into compartments; they can then be rolled up and tied, and at a glance I can tell if any-

thing is missing when I start out. For bottles, the leather pockets in the bags are all right, but for instruments and douche nozzles, etc., I want a case. The cases are easily laundered.

I rip my patients' night gowns up at the side seams, instead of the middle of back, thus saving a seam in them later on; I often rip a half yard just at the sides and reach in to rub back, etc.; when the patient is really not sick enough to rip it the entire way, I find this saves a lot of work for both of us.

At a recent typhoid case, packs and sponge baths did no amount of good, and a portable tub or big rubber sheet were prohibitive in cost, so we got a large piece of enamel cloth. This we put under patient in the bed, his wife and mother gathered it together, top and bottom, and held it up, and I gradually put in water enough to cover body, adding ice and keeping up friction. Twenty minutes would usually do it all easily, and was very successful. Water was easily let out. We rolled patient to other side of bed in a blanket. Only this—be very careful of your cloth, for the enamel cracks off easily, and this ruins it for use again. When not in use I pin it with heavy pins along the wall, for folds will soon crack.

A five-cent "butcher's cuff" makes a perfect ether cone; it is washable, light to carry, and easily made up with a napkin pinned around, and filled with gauze or another napkin or compress.

G. M. P., Visiting Nurse.

The Diet Kitchen

Diet for the Diabetic

ROSE R. GROSVENOR.

Past Diet Matron, Iowa Soldiers' Home Hospital.

PAPER I.

AS diet is essentially the chief item of importance to be considered and attended to in the treatment and nursing of "Diabetes Mellitus," the successful outcome of the case will greatly depend on the careful and intelligent selection and preparation of the patient's food.

Owing to the great emaciation and weakness accompanying the disease, it is important that the diabetic should be well fed, and from the great restriction necessary the securing of proper food is sometimes a hard problem for the nurse to solve, and much ingenuity is required to provide a tempting variation in the bill of fare from day to day.

In the simple form of diabetes, known as "Diabetes-Insipidus," which is a less dangerous disease than the above, the diet is not generally so carefully restricted.

While it is positively necessary for the nurse to know what may or may not be given, and how to prepare the food, she will, in almost every instance, receive special directions in regard to the diet from the attending physician.

Cases differ so widely, one from another, that no set rule applicable to all persons can be laid down. What is distasteful and detrimental to one patient is often well-borne by another. When there is great loathing of the restricted diet, some variations will have to be

made and greater latitude allowed, as too rigid restriction would be harmful.

However, it is necessary in all cases to exclude as far as possible all sugars, starchy foods or sauces, confections and condiments containing those substances, all of which are liable to accentuate the symptoms and keep up the activity of the disease; all animal diet and fats must be increased, water given freely to eliminate sugar, and saccharin or glycerine substituted for sugar as the taste dictates or circumstances permit.

Saccharin is a sweet derivative of coal tar, and is obtainable in tablet form; one tablet will sweeten a cup of coffee without stirring and will be sufficient for a second cup with stirring. To sweeten berries or puddings, dissolve a tablet in the cream which is used with the dessert. A tablet may be dissolved in vinegar if one desires sweetening added to lettuce or tomatoes. When it is necessary to sweeten a dessert before cooking, use saccharin in the proportion of one tablet to each tablespoonful of sugar the recipe calls for.

In providing food for the diabetic, one of the great drawbacks in the past has been the lack of bread that contained only a minimum of starch, it being the most difficult article of everyday food for which to find an efficient and palatable substitute.

Since the establishment of the "National Pure Food Law," and the advent on the market of pure "Gum Gluten" flour and other government tested gluten products which are practically non-starchy and also nutritive and palatable, the difficulty in furnishing suitable bread-stuffs and other substitutes for farinaceous foods has been greatly ameliorated.

True gluten, the most valuable food substance known, is the only food from the vegetable kingdom that is classified with lean meat, eggs and other albuminous products from the animal kingdom. Gluten flour is flour from which the starch has been washed wholly or in part, the "Standard Gluten," as required by the "Pure Food Law," must contain at least 35 per cent of proteid and not over 48 per cent starch. One pound of this "Gum Gluten" contains eight and three-fifths ounces of protein, whereas, sirloin steak contains but two and one-half ounces, showing conclusively the food value of Gluten over that of beef-steak.

The following dietary, containing most of the articles of food and drink that a diabetic may partake of, will be found useful in selecting suitable menus during all seasons of the year:

ANIMAL FOODS.

Almost all kinds of animal foods, flesh, fish, poultry and game, may be consumed by the diabetic. Butchers' meats (except liver), kidneys, tongue, sweetbreads, sausage, and cured meats and fish, oysters, lobsters, shrimps and clams, fresh or canned.

Broths and meat soups not thickened with farinaceous matter or containing the prohibited vegetables. Eggs, prepared in various ways, cheese, butter and cream are all allowed.

FARINACEOUS FOODS.

Substitute for the usual breadstuffs, Gluten bread, biscuits, gems, wafers, griddle cakes, porridge, mush, breakfast foods and macaroni, almond bread and cakes, bran bread and cakes; failing these brown or white bread well toasted may be used occasionally.

VEGETABLES.

All kinds of greens, such as spinach, dandelion, beet-tops, celery, lettuce, mustard and parsley. Tomatoes (raw or cooked), cucumbers, young onions, string beans, oyster plant, mushrooms, and all kinds of herbs may be used. The following vegetables may be given occasionally in small quantities, if boiled in a large amount of water: Turnips, cauliflower, cabbage, Brussels sprouts and asparagus.

RELISHES.

Vinegar, oil, catsup, horseradish, mustard, pickles, olives, radishes; the various sour salads and sauces may be used sparingly.

DESSERTS.

Puddings made of Gluten flour or bread crumbs, sweetened with any allowable substitute for sugar, jellies, blanc-mange, cream custards and ice cream, sweetened as above and flavored. Sauces made of acid fruits, such as strawberries, gooseberries, currants, sour cherries, cranberries, plums and tart apples, their acidity being neutralized with a little bicarbonate of soda while cooking, and then made palatable with saccharin. Oranges, grape fruit and all kinds of nuts, except chestnuts, are also permissible.

BEVERAGES.

Thirst is frequently a very distressing symptom of diabetes. To relieve this

the patient may be given acid drinks, distilled water, containing lemon or orange juice, lemonade, or a few drops of diluted phosphoric acid added to distilled water may be ordered, a fair quantity of fluid usually being allowed when the thirst is excessive. Other beverages allowed are tea, coffee and cocoa, without cream or sugar, saccharin* being added if desired. Skim milk, buttermilk, koumiss, soda water, ale, claret, sherry and brandy, all in moderation. The alkaline and alkaline calcic mineral waters, Saratoga, Waukesha, Londonderry Lithia, Buffalo Lithia, Vichy, Apollinaris, Carlsbad, Bethesda, etc.

All foods and beverages not given in the above list as permissible should be avoided unless the physician should consent to their occasional use. In all cases, the nurse should personally attend to the cooking of the food, and if that is impossible, the cooking must be carefully supervised and the cook informed upon every point in the preparation of the food and particularly in the serving of made dishes.

Roasts must not be dredged or soups, gravies or sauces thickened with other than Gluten flour, or poultry, game, fish, oysters, etc., breaded with other

than the crumbs from Gluten bread or crackers; neither should they or vegetables be scalloped with white bread crumbs. Batters used for inclosing meats, fish, vegetables or fruit, or for use in omelets, should be made of Gluten and egg.

The nurse will also be obliged to keep a strict watch over patients under her charge with regard to the diet. Many do not understand the great importance of the restriction, and willfully break rules laid down for them, and even the best-intentioned will sometimes slyly obtain the forbidden food. The unexpected accentuation of the symptoms, without due cause, should raise suspicion that prohibited articles have been introduced in some way or other. To prevent a repetition of the occurrence steps should immediately be taken to determine the source of the contraband food and see that it is kept beyond the patient's reach.

After the diet has been restricted for a time according to the above rules, the symptoms are usually controlled either partially or entirely and the patient gradually regains flesh and strength, and as long as the diet is adhered to, continues to improve or remain stationary, according to the severity of the disease.

Philadelphia, Pa.

The Mount Sinai Hospital, Philadelphia, and the Northwestern Hospital, Philadelphia, have added a Massage Department to their Neurological Clinics. Miss Elizabeth M.

Spratt and Mr. John F. Hunt, from the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia, have been placed in charge of the same.

Editorially Speaking

The International Congress of Tuberculosis

IN September next the most notable convention of the year will be held in Washington, D. C.—the International Congress of Tuberculosis. The office of the General Secretary is at 714 Colorado Building, Washington. This is the first time this congress has met in America, and it will be many years before it comes to this country again. It meets once in three years for three weeks. It is expected that all civilized countries will send delegates. It will be divided into seven sections. A course of special lectures, which will be open to the public, will be given. There will be a great Tuberculosis Exposition, showing what is being done all over the world in the campaign. There will be clinics and demonstrations for the benefit of both medical and lay members of the congress.

A large number of awards will be made for exhibits, literature, etc. Full information regarding the awards can be gained by addressing the headquarters of the congress. Among the awards we find the following that may be of special interest to our readers:

I. A prize of \$1,000 is offered for the best evidence of effective work in the prevention or relief of tuberculosis by any voluntary association since the last International Congress in 1905. In addition to the prize of \$1,000, two gold medals and three silver medals will be awarded. The prize and medals will be accompanied by diplomas or certificates of award.

II. A prize of \$1,000 is offered for the best exhibit of an existing sanatorium for the treatment of curable cases of tuberculosis among the working classes. In addition to the prize of \$1,000, two gold medals and three silver medals will be awarded. The prize and medals will be accompanied by diplomas or certificates of award.

III. A prize of \$1,000 is offered for the best exhibit of a furnished house, for a family or group of families of the working class, designed in the interest of the crusade against tuberculosis. In addition to the prize of \$1,000, two gold medals and three silver medals will be awarded. The prize and medals will be accompanied by diplomas or certificates of award.

IV. A prize of \$1,000 is offered for the best exhibit of a dispensary or kindred institution for the treatment of the tuberculous poor. In addition to the prize of \$1,000, two gold medals and three silver medals will be awarded. The prize and medals will be accompanied by diplomas or certificates of award.

V. A prize of \$1,000 is offered for the best exhibit of a hospital for the treatment of advanced pulmonary tuberculosis. In addition to the prize of \$1,000, two gold medals and three silver medals will be awarded. The prize and medals will be accompanied by diplomas or certificates of award.

VI. The Hodgkins Fund Prize of \$1,500 is offered by the Smithsonian Institution for the best treatise that may be submitted on "The Relation of Atmospheric Air to Tuberculosis."

Elective or Optional Courses

THOUGH the terms "elective" and "optional" are sometimes used interchangeably, there is apt to be confusion in the minds of some when those terms are applied to nursing studies. If, by using such a term as "elective" we meant that at a certain stage a nurse's education was considered sufficient for general nursing, and that she then had the choice of leaving or staying to gain a fuller knowledge in some special line, it is quite probable the solution of the vexed question of a third year of training might soon be reached. But there is as yet no disposition on the part of hospitals to make such an arrangement. They are more apt to demand the third year as their "pound of flesh." Some are willing to allow the nurse a degree of choice as to which side she chooses her contribution to the cause shall come from, but give another year she must: She can "elect" within circumscribed limits.

In the discussion on the subject of the length of the term of training that took place at the meeting of the New England Association for the Education of Nurses (published in our April number), the idea of elective courses for the third year had many advocates. It has been accepted by some theoretically as a solution of the problem. But investigation shows this to be impracticable.

In the census report of benevolent institutions, published in 1904, out of 1,484 hospitals mentioned close on to 1,000 had, at the time the census was taken, only fifty patients or less in residence. Everyone who has had experience in a fifty-bed hospital knows that the theory of elective courses in such hospital schools is absolutely impossible to carry out. There is no possibility of careful classification of patients accord-

ing to diseases in most of those hospitals. The nurses must be moved about as the work demands. They get a good general training and experience, but specialties are out of the question.

Even in hospitals of a hundred to a hundred and fifty beds, such a theory could not well be carried out. The increase in bed capacity in a large number of hospitals in recent years has been in private rooms for paying patients. There has also been a great increase in recent years in the demand for special nurses for hospital patients. This makes continual adjustment of the nursing force necessary. The special duty has to be divided, and each nurse has to take her share of it, no matter what the case may be. Suppose a hospital of that class, say one hundred to one hundred and fifty beds, having about sixteen to twenty in the graduating class, wanted to give elective courses. What could the average hospital offer to those twenty young women as elective work? Only a small proportion could be given special operating room work. Such hospitals do not often have a large obstetrical service, and some have none at all. They may have an obstetrical ward or small department, but after a nurse has had the general training in such branches to which she is entitled, and it is pretty generally accepted that a trained nurse must have some obstetrical experience, what has the hospital to offer as elective work? What, along medical lines, that will not cover ground already gone over? So, when we say the last year should be partly or wholly elective, we are advancing a theory that is impossible to carry out in probably ninety-five per cent of the hospitals of the country. It is like the affiliation theory, an apparently ideal

solution of the problem until one comes to apply it. Then it won't work in most cases.

The third year, however valuable it may be to the hospital, is not a satisfactory year to most pupil nurses. It has become increasingly unpopular with the general public, and more and more the young women of America are going to be unwilling to spend three years in acquiring a training which they could get in two years if the hospitals would allow them to do so. There is an old fable about the boy and the nuts, which teaches a moral that applies here: The boy wanted to get some nuts out of a jar which had a narrow neck. He grasped all that his hand could hold and tried to reach for more, but found he couldn't have all he wanted. The conditions would not allow it. He could not get his hand out of the jar. "Let go half the nuts," said a bystander, "and then you can remove your hand with ease." And the boy did. The moral is, that in exacting too much, or trying to ask for too much, we are very apt to lose all. Moderation in requirements would doubtless have prevented the present difficulty in securing desirable candidates. In exacting too long a term of training and making other requirements to correspond, the hospitals lose every year hundreds of young women who would otherwise enter. The only right solution of the problem is to fix the term of training at two years, or twenty-six or twenty-seven months, and leave the nurse absolutely free after that to remain a general nurse or to choose her own specialty, and take it when she chooses and where. No such compromise as a theoretical elective course for the third year is going to be satisfactory to nurses in any but the very largest hospitals.

Over-Organization

We are frequently in receipt of letters from nurses complaining of the burden of so many nursing associations, the continual paying of dues to separate organizations, the lack of interest shown by the small number who gather at monthly meetings, etc. So numerous are these organizations, dues and meetings that a great many nurses who would like to join other societies, and occasionally participate in meetings that would help them to forget nursing for a while, are debarred from so doing. If they do not manifest by their attendance at meetings an unwavering interest in nursing societies, they are liable to be accused of "lack of interest" or "disloyalty to the profession." If they faithfully attend alumnae, city and county, State and National association meetings and attend to any committee work for these bodies, they will find little time for keeping in touch with movements outside the nursing field from which they would receive inspiration.

One correspondent suggests that as State organizations have been effected in most of the States, and as the United States is a country of such magnificent distances, once in two years is often enough for the National meeting. She speaks of the heavy expense of attending these National meetings every year, as compared with the scant benefits received—each year committee after committee is appointed to do some wonderful work and the next year sees the situation precisely where it was before.

She thinks that as nurses are not "ladies of leisure," but as most of them are busy women and wage-earners, these multiplied societies, dues and meetings are a real burden that ought to be reduced in some way.

These are questions the nurses themselves must settle.

In the Nursing World

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Social Features of the A. A. Convention.

The California State Nurses' Association, at whose invitation the convention was held in San Francisco, spared no effort to make the reception, welcome and entertainment of its guests in keeping with the State's reputation for bounteous hospitality. The hotel accommodations, arranged many weeks previous to the date of the convention, were retained only by the diplomatic business policy of the committee, owing to the coincident arrival of the fleet and the desire of the hotels to profit thereby; but every delegate and visitor was comfortably housed at reasonable rates, and each one found in her room evidence of welcome, aesthetic and material, in a bouquet of California marguerites and a basket of oranges, with a card bearing greetings from the State Nurses' Association.

The train bearing the official party and about sixty delegates was over twelve hours late, thus arriving Monday, May 4, only in time for a hasty breakfast before the automobile ride scheduled for 10 o'clock. Sixteen big six-passenger touring cars, carrying the delegates and visitors, then assembled and made a tour of the points of interest in the city and its vicinity, including the city proper, the ruins, Golden Gate Park, the Presidio, the view of the harbor, the old mission and many other points. The tour was a most ably conducted one, a California nurse accompanying each car, acting as hostess. The trip lasted about four hours.

On Monday evening a reception to delegates and visitors by the State Nurses' Association was held at the St. Francis Hotel. It was sufficiently informal in character to serve admirably as a means of getting acquainted.

On Tuesday evening a trip to Chinatown was arranged. Parties of fifteen or twenty, each under guidance of San Francisco nurses, visited the Chinese mission, where a pretty little programme of music by the Chinese girls

had been prepared; the different bazaars and other places of interest in San Francisco's new Chinatown, ending with a true Chinese meal served in a Chinese restaurant. To the nurse from the "effete but conservative East," whose knowledge of the Chinese is limited by the front room of the Chinese laundry, the incidents and sights of this trip were a revelation indeed.

On Wednesday the regular afternoon session of the convention was omitted, and the nurses participated in the demonstration of welcome to the fleet, for the arrival of which the city was in gala dress, and festive as only San Francisco can be festive.

Thursday morning many of the nurses viewed the grand parade through the elaborately decorated principal streets of the city.

On Thursday evening a grand banquet was given by the State Nurses' Association to three hundred delegates and visiting nurses. Miss Theresa Earle McCarthy held most ably the post of toastmistress, and responses were made to "Here's Welcome to Our Guests," by Miss Montfort; "Hands Across the Rockies," Miss Damer; "Training School Reminiscences," Miss Bently; "The Doctors," Miss Richardson; "A Good Medicine," Miss Shuey; "The Have-Beens, Are-Nows and May-Bes," Miss Courier, with impromptu toasts and responses by Miss Sly, Miss De Witt and others.

A feature of the occasion, a surprise to guests as well as the recipient, was the presentation of a bracelet to Dr. Helen Parker Criswell by Miss Dozier for the California State Association. The presentation speech was a glowing tribute to Dr. Criswell, who responded most fittingly.

The banquet lasted four hours.

On Friday evening the current of entertainment was turned ever so slightly; hardly enough, however, to create a ripple in the steady flow, when at several small dinners

given by delegates in the various hotels one or more California nurses were guests of honor. On this evening also many small parties viewed the illumination of fleet and harbor from various vantage points about the city.

On Saturday a sightseeing trip to Mount Tamalpais was arranged, and all enjoyed from start to finish a trip embodying much of picturesque and unique mountain scenery, with little of discomfort in the seeing. The railway which makes the journey easy adds to its attractions by being "the crookedest in the world."

On Saturday evening an informal musicale was given at the St. Francis—a pleasant social time and informal farewell.

On Sunday a trip to the Greek theatre at Berkeley was dampened by the last edge of the rainy season, and the out-of-door concert was necessarily omitted, but the theatre, an exact replica of Greek architecture, was worth the seeing.

Monday morning saw the city practically cleared of the delegates, and the convention body dispersed, some going north, many to the Yosemite, others to points along the coast and to Los Angeles. Each one left imbued with the cheer of the welcome, the zest of the entertainment and the kindly regret in the farewell of the nurses of the California State Association.

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Ninth Annual Convention of the Spanish-American War Nurses.

To our great disappointment our president, Mrs. Henry Hunt Ludlow, was detained at home on account of illness in her family.

Laura A. C. Hughes, M. D., took the chair.

Rev. W. H. I. Reany, U. S. S. Mississippi, stationed at League Island Navy Yard, Philadelphia, Pa., and Dr. Harmon, Medical Director, Naval Academy, Annapolis, Md., were elected honorary members.

Dr. Helen Bissell, of Rochester, N. Y., who served at Leiter Hospital in 1899, was elected to membership.

Mrs. Annie Comfort, who has for four years been recovering from an accident, was with us for one day on her way West.

The Committee on Pensions, Dr. Anita Newcomb McGee chairman, reported that a pen-

sion of \$12.00 per month had been secured for Mrs. Harriet Maxwell, Miss Annie Robbins and Mrs. Margaret Dunne Aston. This is the result of two years of hard work by Dr. McGee and her committee.

Camp Nicholas Senn, of Chicago, asked to present a memorial life membership in memory of its friend and patron, Dr. Nicholas Senn, to be held successively by members who are unable to keep up their dues. This was accepted as the Nicholas Senn memorial life membership.

THE TRAINED NURSE was by unanimous vote declared to be our official organ.

The following officers were elected for the year:

President—Mrs. Henry Hunt Ludlow (re-elected), Fort Hamilton, N. Y.

Vice-Presidents—Mrs. Hollis C. Clark, Washington, D. C.; Miss Adelaide Mackreth, Ancon Hospital, Panama, C. Z.; Miss Ida Forsythe, San Francisco, Cal.; Miss Hannah Waddell, Philadelphia, Pa.; Miss Elizabeth Denning, Brooklyn, N. Y.; Miss Ida V. Parkes, Evanston, Ill.; Miss Mary A. Quinn, Providence, R. I.; Mrs. Anna Janson Switzer, Ludington-on-the-Lake, Mich.; Miss Florence Kelly, New York City, N. Y.; Miss M. J. Harroun, Toledo Hospital, Toledo, Ohio.

Treasurer—Miss Rebecca Jackson, Overbrook, Pa.

Recording Secretary—Mrs. Laurette Hughes Kniel (Mrs. Robert Kniel), Westfield, Mass.

Corresponding Secretary—Mrs. William P. Minter, Galt, Canada.

A nominating committee to prepare a ballot for next year, to be sent to all members, was elected, viz.: Miss Rose M. Heavern, Miss Alice P. Lyon, Mrs. Harriet Fenwick Trotter, Mrs. Minnie Cooke Andrews, Miss W. C. Bohert.

We adjourned to meet in New York City, N. Y., in September, 1909, having voted to accept the invitation of "Camp Roosevelt."

On June 4 Camp Nicholas Senn gave the members a delightful luncheon at Mandell's Ivory Tea Room, where we met and were welcomed by members U. S. V. Auxiliary and members of Civil War Nurses, Visiting Nurses' Association and others.

Friday was the day of our banquet, where there were many distinguished guests and

other friends of the veterans and nurses. The banquet was followed by a reception by the S. W. Veterans at their headquarters.

On Saturday the Veterans invited us to go on a tallyho excursion via the Boulevard to the Exposition Grounds, while a delegation attended the marriage of Miss Frances West, now Mrs. Isaac F. Hatcher.

Miss West was married at the home of her friends, Dr. and Mrs. Culver, at Sandwich, Ill. The rooms were beautifully decorated with old-fashioned garden flowers. The bride wore a white satin gown, with waist of renaissance lace. She was attended by Miss Wood as maid of honor, and Miss Martha Wiggins, her latest little patient, strewed sweet peas before her. Mr. Baldwin, of Morris, Ill. (her future home), was best man. The Rev. J. M. Sears, of the Congregational Church, united them with the solemn service of the Church. It was a beautiful ceremony, and our warmest good wishes go out to the bride in her new life. May she find all the happiness she desires in the new opportunities for service opening before her.

REBECCA JACKSON,

Corresponding secretary ninth annual meeting
S. A. W. N. Association.

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Kentucky State Association.

The second annual meeting of the Kentucky State Association of Graduate Nurses was held at the Woman's Club, Louisville, June 9, 10, 11, 1908.

The meeting opened Tuesday at 2:30 P. M. with invocation by Rev. C. P. Sparling, which was followed by the address of welcome by Hon. James F. Gunstead, Mayor of Louisville. Response by Miss H. Shaver, of Lexington. Address, John G. Cecil, M. D., president Kentucky State Medical Association. Address, Mrs. Charles P. Weaver. Tuesday, 8 P. M., reception at Seelbach Hotel by Jefferson County Graduate Nurses' Club.

Wednesday, 9 A. M., Executive Board meeting, Norton Infirmary. Roll call. Reading of the minutes. Address of president. Reports. Paper, "Duty of Nurses to State and Local Associations," Miss Lustnauer. Discussion opened by Miss Blair. Report of delegate to Kentucky Federation of Women's Clubs. Report of delegate to the Nurses' Associated Alumnae.

Wednesday, 2 P. M. Paper, "Course in Hospital Economics at Teachers' College," Miss Laura A. Wilson. Discussion, Miss Annie Rece. "Juvenile Court Work," Dr. Winifred Green. Report of chairman Almshouse Committee, Miss Ophelia Hay. Paper, "Anti-Tuberculosis Campaign," Miss Anna G. Murphy. Wednesday, 5 P. M. Entertained by Associated Alumnae of Louisville at Fontaine Ferry.

Thursday, 9 A. M. Executive meeting. Roll call. Minutes. Five-minute reports by presidents of alumnae societies. Election of officers. Miscellaneous business. The following officers were elected: President—Miss Laura A. Wilson; First Vice-President—Miss Marie Lustnauer; Second Vice-President—Miss S. E. Dock; Recording Secretary—Miss Lula Evans; Corresponding Secretary—Miss V. J. Bines; Treasurer—Miss J. J. Telford. Committees—Ways and Means, Miss L. Weisniger; Credentials, Edith Bush; Nominating, Miss Katherine Arnold; Press and Publication, Miss Patty McPherson.

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New York City.

At the annual meeting of the Metropolitan Alumnae Association on May 18 the following officers were elected for the coming year: President, Miss Caroline MacDevitt; first vice-president, Katherine Dillon; second vice-president, Anna B. Burns; treasurer, Edith Cavalli; secretary, Helene D. Bengtson.

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Troy, N. Y.

The Alumnae Association of Troy Hospital Nurses held a very enjoyable outing Tuesday, June 18, at Averill Park. Twenty-five nurses attended, together with some of the sisters from the hospital. The ladies passed the afternoon in rowing, playing games, etc., and had dinner at the Averill Park Hotel. The event was in honor of the nurses who this year became members of the Alumnae Association.

The Nurses' Alumnae Association of the Troy Hospital, at its last regular meeting, held July 6, elected the following officers: President, Miss Elizabeth Doyle; first vice-president, Miss Sarah Carlin; second vice-president, Miss May Dirreen; recording secretary, Miss Ethel Pattison; financial secre-

tary, Miss Anna Hurley; treasurer, Miss Elizabeth Toner.

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Brooklyn, N. Y.

The ninth annual graduating exercises of the Kings County Hospital Training School for nurses were held in the chapel on Clarkson street on the 10th day of June, 1908. Many friends of the graduates were present. The chapel was beautifully decorated with white and gold bunting, roses and carnations. Gold and white are the class colors.

The pretty banner which was given to the graduates by their junior class showed good taste and sweet thought. The banner was of white silk and bore "K. C. H., '08" in gold. It was placed in the chancel surrounded by white and yellow roses.

James J. McInerney presided, and introduced as the first speaker Dr. J. M. Van Cott, one of the Kings County Hospital nurses' best friends, who made a very interesting address on "Work and Worry."

The next speaker was the Rev. John S. Woods, rector of Holy Cross Roman Catholic Church and chaplain of the hospital. Father Woods remarked that twenty-five cents out of every dollar taken in by the city for taxes went to the Board of Education. He thought that some of this money should be turned over to the hospital, which is overcrowded at the present time. He wished Controller Metz or Mayor McClellan would visit the institution and see just how crowded it was. Father Woods told the nurses that the Kings County Hospital was one of the best institutions in the country, and had the best doctors and nurses on its staff. Commissioner McInerney in his address said that he had received \$250,000 from the Board of Estimate for the erection of the new nurses' home, the work on which was begun the latter part of June, and is expected to be completed within a year.

Dr. Louis L. Pilcher made a brief but interesting address. The programme ended with a few words of interesting advice to the nurses, and the benediction by the Rev. Edward Heim.

The graduates had the pleasure of having Dr. John F. Fitzgerald, superintendent of the hospital, and Miss S. A. Burrows, superintendent of nurses, distribute the diplomas to

the graduates, who also received handsome bouquets from their friends, head nurses and internes of the staff; also pretty souvenirs from the older graduates of the training school and the Ladies' State Aid Society. There was never a happier class graduated than the class of '08, they having had the pleasure of knowing the former and present superintendent of nurses of this training school, the former being Miss Martha O'Neill, who did so much to bring the Kings County Hospital to where it stands to-day. Miss O'Neill, who was ten years at the Kings County Hospital, had the pleasure of seeing her eight class graduate in the year 1907.

Miss S. A. Burrows, who was superintendent of the Cumberland Street Hospital for several years and is now superintendent of the Kings County Hospital, had the pleasure of seeing her first class graduate on the 10th day of June, 1908. We as a class feel proud of graduating under the instructions of Miss S. A. Burrows, and think our juniors will feel the same.

Robert W. Hebbard, Commissioner of Public Charities, and Richard C. Baker, First Deputy Police Commissioner, were to have been present, but were detained. The internes of the hospital acted as ushers. They are the following: Dr. J. Ebersole, Dr. K. Brown, Dr. L. S. Lang and Dr. C. E. Voght.

A fine musical programme was rendered during the evening. The graduates are: Loretta Frances Ames, Elizabeth Gertrude Flynn, Alice Young, Helfried Elizabeth Olsson, Loretta Cecelia Claffey, Helen Winifred Miller, Pauline Goldwin Baxter, Grace Louise Cole, Helen Marie Deane, Julia Vincent Neill, Margaret Annie Bee, Sarah Annie Evans, Elsie Leonard Richard, Myrtle Alberta Packard, Ethel Frances, Sarah Carson.

After the exercises all friends were cordially invited to the nurses' home, where music and dancing were furnished. Refreshments were served, and all seemed to have a most enjoyable time.

The commencement exercises of the Methodist Episcopal Hospital Training School of Brooklyn, N. Y., were held in the chapel of the hospital on Thursday evening, June 4, when twelve young ladies received their diplo



GRADUATING CLASS, KINGS COUNTY HOSPITAL, BROOKLYN, N. Y.

mas. The following comprises the class of 1908: Misses Desna Erdman, Edith Marie Jewett, Mary D. Mosson, Maude Elizabeth Smith, Luella Jane Wellman, Ethel B. Ransom (valedictorian), Caroline J. Albrecht, Henrietta M. Howell, Mabel Gill, Bessie Clint, Frances Maria Zeh, Irene Kunz.

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Fall River, Mass.

The annual reception and opening of the Seaside Home (for sick children) took place on June 25 and was well attended, over three hundred visitors calling in the afternoon. The dainty tea and flower tables and the ice cream booth were well patronized. The piazza seemed delightfully cool after the heat and dust of the city.

A staff of nurses under Miss Read, the matron, showed the visitors over the home and explained the methods used in the treatment of the children.

The home was opened for the admission of sick children on July 1, and received ten little patients on that day. Miss Fage, who has taken a post-graduate course at the Infants' Hospital, Boston, Mass., is matron in charge this year.

Miss McKenna, superintendent of the Union Hospital, was tendered a banquet by the nurses on the evening of June 24 and presented with an address, accompanied by a solid brass desk set. Almost every nurse in the city was present.

Miss McKenna is one of the class of '97, the second class to graduate from the Emergency Hospital. She was head nurse at the Emergency after her graduation and later superintendent of St. Francis Xavier Hospital, Charleston, S. C., where she established a training school for nurses. In 1902 she became superintendent of the Union Hospital and Training School. Her resignation from this position is very much regretted. Socially and professionally, Miss McKenna is exceedingly popular.

Miss Maude A. Cline and Miss Agnes Carter have gone to their homes in New Brunswick. Miss Carter returns in September, but Miss Cline will make her future home in St. John, N. B. Miss Embree and Miss C. M.

McLean have also left for their respective homes in Nova Scotia and Ontario. After a much-needed rest Miss McLean will go to California to live, and her many friends here hope that her health may be benefited by the change.

The rooms on Grove street which these nurses have occupied the past five years have been the scene of many small, gay social affairs, and the breaking of their pleasant "home" is much regretted.

Miss Hart, matron of the Tuberculosis Cottages, has returned from a two weeks' vacation spent at her home in Bethlehem, Pa.

Miss Phelan has returned after an absence of six months in Charleston, S. C.

Miss L. J. Ryder is at Pascoag, R. I., for a two weeks' vacation.

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Kane, Pa.

The commencement exercises of the Kane Summit Hospital Training School were held on May 24, 25 and 26. The annual sermon to the nurses was preached by the Rev. Paul Shelley, pastor of the Presbyterian Church, of Kane. His discourse was appropriate to the occasion and was listened to with close attention.

On Monday evening the banquet took place at the New Thompson Hotel. The class colors, green and white, were used very effectively in the decoration of the table. A most delightful repast was served, to which about fifty nurses and their friends sat down.

The selections by the Temple Orchestra added greatly to the pleasure of the occasion.

Miss Ruth Shaw, class of 1906, acted as toastmistress and in brief remarks introduced the speakers of the evening.

Mrs. Anna Stoll spoke in rhyme of "The Nurse's Qualifications;" Miss Pearl Payne, also in rhyme, on "The Class of 1908;" Mrs. Fusser, "Our Brides," of whom we have seven in the past year. Miss Carlson, "A Post-Graduate Course: Is It Worth While?" The latter was read by the toastmistress, Miss Carlson being unable to be present. Miss Katherine Rooney spoke on "The Nurse in the Home." Her remarks were as follows: "So

much has been said and written of 'the noble calling,' 'soothing the fevered brow' and many like phrases that, as I speak to-night of the nurse in the home, allow me to add:

"From a nurse's standpoint there seems to be no limitation to a nurse's helpfulness in the home, at a time when hearts are heavy with anxiety, and skilled, competent care is needed for the sick one and to relieve the family of much of the burden.

"True, sometimes the surroundings are such that the nurse may wish she were in her own

"Does she grow weary? What matters it? Her poor head aches—she heeds it not. And does she ever long for sleep? Perish the thought. Why, she is a 'trained nurse,' warranted to go both night and day and, unlike an eight-day clock, must never run down.

"A nurse's duties are seldom defined and may mean anything, from the immediate care of the sickroom down to maid of all work. If cook serves notice, nurse helps out with the cooking. These menial tasks do not lessen her dignity in the least, for here again we



GRADUATING CLASS, KANE SUMMIT HOSPITAL, KANE, PA.
Miss Wilson, Miss McEntyre, Miss Cawley, Miss McLaughlin.

home, sweet home, or within the four walls she calls home. But here the true nurse's spirit asserts itself, for has she not had it impressed upon her again and again during the training days that all thought of self is to be obliterated if she is to be successful in her work? So, adapting herself to the surroundings (for adaptability must be one of her strong points), she enters upon her duties in her new surroundings, amongst strange people, her only thought being the urgent needs of the patient and to relieve, as far as possible, his or her suffering.

are reminded that 'Who sweeps a room as for God's law makes that and the action fine.' So with a sweet, gracious manner she goes about these tasks as if it were pleasure.

"When Thomas Jefferson gets an overdose of green apples, nurse must apply proper remedies. Alexander Hamilton stubs his toe; nurse is on hand to apply first aid to the injured. Finally, George Washington develops croup in the wee sma' hours, and again nurse meets the emergency, very willingly, of course, looking upon it only as a little nocturnal diversion and calculated to keep her from getting lonely.

So in this way the work goes on and she is rewarded by seeing her patient coming back to health, and finally the day of her departure arrives. Then she receives her compensation for services rendered and she hears these words spoken, 'How well paid nurses are! They earn their money so easy!' But, being an agreeable person, she only smiles and keeps her peace. Homeward bound she wonders where her next duties will be and if like experiences await her.

"But, breathing for a short time the air of freedom, she begins to wonder what kind of a Summer hat she will get. What styles are in coats this year, who has been married, etc. Finally, what play is on at the theatre tonight. For, you see, she is very, very human after all."

Next evening the graduating exercises were held in the Baptist Church. At the close of the exercises a reception was held in the church parlors, at which a large number attended. Ice cream and cake were served and a pleasant social time spent.

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Philadelphia, Pa.

The graduating class of the Philadelphia Lying-In Charity Hospital held their commencement exercises on Tuesday evening, May 12, 1908, at 8 P. M., in the New Century Drawing Room. The exercises were opened with a prayer by the Rev. Dr. Benson, two solos were rendered by an accomplished singer, an elocutionist gave a few recitations, and the Rev. Dr. Tompkins addressed the graduates. Mr. Purves, the president of the hospital, also gave a short address, and presented diplomas to the eleven graduates. Refreshments were served and dancing followed.

The graduates were: Miss Sara R. Bergey, Palm, Pa.; Miss Elinor M. Driscoll, Brooklyn, N. Y.; Miss Minnie J. Caughey, Christiana, Pa.; Miss Caroline G. Hall, Princeton, N. J.; Mrs. Anna M. Davis, Williamsport, Pa.; Miss Lulu M. Keim, Bethlehem, Pa.; Miss Sayre A. Perry, Scranton, Pa.; Miss Edella C. Frantz, Lehigh, Pa.; Miss Elizabeth M. Ryan, Norristown, Pa.; Miss Edna P. Smith, Ellerslie, Md.; Miss Rose M. Myers, Doylestown, Pa.

The Alumnae Association of Nurses of the

Lying-In Charity Hospital of Philadelphia gave a reception to the graduating class of 1908 at the hospital on May 6, from 8 to 10 P. M. The nurses had a very pleasant time, an elocutionist recited two very interesting poems, popular airs were played by an orchestra, and refreshments were served, which was followed by dancing.

The graduates of the Kensington Hospital for Women, of No. 136 Diamond street, Philadelphia, have recently formed a Nurses' Alumnae Association. So far we have had three meetings, the meetings being held in the nurses' home at the hospital every third month. The association was organized with fourteen charter members. At the present writing we have thirty-five members, with the following officers: Miss Margaret Maloney, honorary president; Miss Elizabeth Scanlan, president; Miss Margaret Miller, vice-president; Miss Elizabeth Kinder, secretary, and Miss Alice Craig, treasurer.

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Williamsport, Pa.

The regular monthly meeting of the Alumnae of the Williamsport Hospital was held at the nurses' home at 3 P. M., May 29, 1908. Nominations and election of officers were held on the same day. Mrs. Crowe was re-elected as president, Miss Petit elected as vice-president, Mrs. Gundrum re-elected as secretary, Miss Simmons re-elected as corresponding secretary, Miss Sallada as treasurer and Miss Hipple as assistant corresponding secretary. It was moved and seconded that a vote of thanks be tendered to Mrs. H. C. McCormick for her many kindnesses to us as pupil nurses and her continued interest in the welfare of the nurses at each commencement, and her munificent gift of the nurses' home, with its many comforts and conveniences, which we all enjoy, and wish her many, many years of happiness.

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The Crotona School.

Perhaps there are some trained nurses musically gifted who will be glad to learn of the Crotona School of Music and Philosophy at Croton-on-Hudson, N. Y. This school is the outcome of the work of the National Society of Musical Therapeutics, founded by

Miss Eva Augusta Vescelius, the object of which is the study and advancement of music in its relation to life and health, and to promote the intelligent employment of music in homes of the sick and in hospitals and asylums. The Summer session of the school is from July 1 to September 10, and further information may be obtained by addressing Miss Eva Augusta Vescelius at the school.

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Buffalo Nurses' Association.

Miss Nellie Davis, the newly elected president of the Buffalo Nurses' Association, is losing no time in planning the work for the coming year. Two meetings have been held of the executive board and all feel enthusiastic to make this one of the best years in the history of the organization. The first board meeting was held at the home of the vice-president, Miss Kate Kennedy, and the chairmen of the standing committees were appointed by Miss Davis. They are as follows: Finance, Mrs. Harriet Dorr Storck; programme, Mrs. S. G. Boyd; social, Miss Sylveen Nye.

Miss Anna Foster, a graduate of the Erie County Hospital, and Miss C. M. Weaner, a graduate of the Buffalo General, have gone to reside in Los Angeles, Cal.

Mrs. Harriet Dorr Storck represented the Buffalo Nurses' Association at the meeting of the Western New York Federation of Women's Clubs, held at Belmont. Mrs. Storck will present a report of this meeting at the September meeting of the association.

Miss Antoinette Johns, of St. Mary's Hospital, of Rochester, has located in Buffalo.

Miss Margaret Howley is spending her vacation at Peterboro, Ontario.

Miss Adelaide Marsden is at her Chautauqua cottage for the Summer.

Miss Anna Crotty is at Mt. Clemens, Mich.

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Dayton, Ohio.

The last monthly meeting for the Summer of the Graduate Nurses' Association of Dayton and vicinity was held June 17 in the

nurses' home at the Miami Valley Hospital. The officers elected at the last meeting were installed. After the reading of a paper on "Current Events" by Miss Anna Nichtern, the following nurses took their offices: Miss Ella Phillips Crandall, president; Miss Mary Kemp, first vice-president; Miss Anna Nichtern, second vice-president; Miss Freda Gaiser, secretary; Miss Crete Zorn, corresponding secretary; Miss Mary Christy, treasurer; and councillors, Miss Ida Boyce and Miss Nina Weith. The next meeting of the association will not be held until the third Wednesday in October.

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Camden, N. J.

The annual banquet of the Alumni and Alumnae Association of the New Jersey Training School for Nurses was held June 15 at No. 307 South Third street. An elaborate menu was provided.

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Rockford, Ill.

The graduating exercises of the Rockford Training School were held Thursday evening, May 28, 8 o'clock, at Mendelssohn Hall.

Nine nurses received their diplomas and were welcomed into the Alumnae Association of the school.

The graduates were: Hylah Ray Bender, Ethel May Bliss, Sophia C. Hotzel, Carrie C. McGrath, Lulu Irene Wilson, Kathryn Marie Prindiville, Myra Margaret Bausch, Ethel E. Bailey, Edyth Chardley.

The alumnae held their annual banquet Friday evening, May 29, at which the graduating class were guests of honor.

The business meeting of the Alumnae Association followed the banquet, at which the following officers were elected: Nellie Snyder Hanford, president; Ida Sullivan Culhane, vice-president; Nettie Yates Stocking, secretary; Hetty Miller Van Epps, treasurer.

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Jacksonville, Ill.

The third annual commencement of the Training School for Nurses of the Illinois Central Hospital for the Insane was held June 19, 1908, in the hospital chapel.

The Board of Trustees, the medical staff and the graduating class marched in in a body.

The addresses of the evening were made by

Hon. William C. Graves, of Springfield, secretary of the State Board of Charities, on "New Public Charity Epoch in Illinois," and Dr. Frank P. Norbury, of Jacksonville, on "Individual Nursing."

Hon. Chas. H. Williamson, of the Board of Trustees, with a few very appropriate remarks, presented the diplomas to the following graduates: Nellie Carmody, Veronica McEntee, Molly Murry, Corah Simmons, O. L. Sooy and S. C. Crispin.

After the exercises the graduating class was given a reception by the superintendent.

The Alumnae Association of the Illinois Central Hospital for the Insane held its annual meeting June 20, 1908. An interesting talk on "The Power of Organization" was given by Dr. E. L. Crouch. The election of officers for the following year then took place. Five new members were admitted into the society.

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Minneapolis, Minn.

The Hennepin County Graduate Nurses' Association held its regular monthly meeting Wednesday, June 10, at 3 o'clock p. m., on Third avenue south. Following the business meeting, Miss Edith P. Rommel, R. N., president of the association, gave a talk on the Convention of the Nurses' Associated Alumnae of the United States, held at San Francisco in May. Miss Rommel was sent as Minnesota State delegate, as well as representative of Hennepin County Association. Her report in detail, from the time she left Minneapolis until her return, was very interesting and enjoyed by the forty nurses who were present at the meeting.

At the June meeting of the Graduate Nurses of Minneapolis, held at the residence of Dr. Marion A. Mead, Mr. Charles E. Leigh, president of the Lavis Chemical Co. of Minneapolis, presented to the body of nurses a gross standard size bottles of "Lavis" Mouth Wash, which was greatly appreciated by the nurses.

Miss Augusta M. Crisler, R. N., treasurer of Hennepin County Graduate Nurses' Asso-

ciation, is in California for a few weeks with a patient.

Miss L. Louise Christensen, R. N., secretary of Hennepin County Association of Graduate Nurses, has returned after an absence of several weeks in Iowa, to take up her regular duty as well as acting as treasurer during the absence of Miss Augusta M. Crisler, R. N., treasurer.

The annual meeting of the Minnesota State Board of Nurse Examiners was held in Minneapolis, June 9, at the residence of Miss Edith P. Rommel, R. N., president of the board. Present were: Miss Edith P. Rommel, R. N., president; Miss Helen M. Wadsworth, R. N., secretary; Miss Bertha Johnson, R. N., treasurer; Miss Eleanor J. Hamilton, R. N.; Dr. Jennette M. McLaren and Miss Grace Watson, R. N., the new member of the board elected to fill the vacancy made by the resignation of Miss Hamilton. Miss Watson is a graduate of the City Hospital of Minneapolis, and now superintendent of the Training School of Northwestern Hospital.

The officers of the Examining Board were re-elected: Miss Edith P. Rommel, R. N., president, Minneapolis; Miss Helen M. Wadsworth, R. N., secretary, St. Paul; Miss Bertha Johnson, R. N., treasurer, St. Paul.

Fate has decided that Minneapolis should have the 1909 convention of the Nurses' Associated Alumnae of the United States. Minneapolis and St. Paul both wanted the convention, and as the National Associated Alumnae chose Minnesota as the place of the next meeting and did not mention the city, the only way to come to a decision in regard to a definite place was to draw lots and let fate decide. And fate favored Minneapolis.

A meeting was held at the home of the president of the Minnesota Alumnae Association, Mrs. Alexander R. Colvin, in St. Paul. Present were the members of the Ramsey County Graduate Nurses' Association, whose president is Miss Mary Wood; the members of the Hennepin County Graduate Nurses' Association, the president of which is Miss Edith Rommel, and members of the Alumnae Association. They decided then and there to draw

lots as the only way to avoid friction, as both cities wanted the gathering. Mrs. Colvin chose Miss Wood and Miss Rommel to be Fate's mediums, and wrote on one slip of paper the name of St. Paul and on another that of Minneapolis. Miss Rommel held the slips and Miss Wood drew, and it came to pass that St. Paul decided, unknowingly, however, in favor of Minneapolis.

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Independence, Iowa.

The seventeenth annual commencement exercises of the Training School for Nurses occurred at the Independence State Hospital, Independence, Iowa, Friday evening, May 29, the class consisting of twenty-one nurses and nine attendants. The chapel was crowded with an appreciative audience who received with hearty applause each number on the programme. The stage was artistically decorated with palms, potted plants and cut flowers, while the class colors, maroon and old gold, and the class motto, "Ever Ready," occupied conspicuous places. The programme opened with an overture by the hospital orchestra, the remainder of the entertaining programme being as follows: Essay, "General Nursing," Miss Pear Wagner; essay, "Typhoid Fever and Its Care," Miss Stacia Sullivan; essay, "Ventilation," Miss Mae Wagner; music, Melophone Solo, Miss Bartloe; essay, "To the Amateur Nurse," Miss Agnes Boots; essay, "When There's a Will There's a Way," Miss Matilda Busse; paper, "Value of a Nurse to a Physician," Elizabeth Weig; essay, "The American Woman as a Nurse," Miss Weinberg; music, Vocal Solo, Miss Van Meter; essay, "What a Nurse Should Be," Miss Mary Quinn; "Class Prophecy," Katherine Kauten; paper, "Diphtheria," Mrs. Francis Monk; paper, "The Reception of a Patient," Miss Elizabeth Kirby; class address, "Influence," Rev. A. M. Levack; address and presentation of diplomas by Supt. Dr. W. P. Crumbacker; music, Hospital Orchestra; benediction, Rev. Levack.

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Des Moines, Iowa.

June 15 the Graduate Nurses' Association of Des Moines held its final Summer meeting in the Y. W. C. A. parlors. The association decided to hold a bazaar the coming Autumn,

the proceeds of which will be employed to furnish a linen closet for the visiting nurses employed by the Visiting Nurses' Association, which is preparing to employ one or more nurses to care for the sick poor. It was also decided to hold several picnics during the Summer. The resignation of Acting President Miss Luella Bristol, who has moved her residence to Sioux City, was received but not acted upon.

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Iowa City.

June 17 the Homeopathic Hospital and the University Hospital Training Schools for Nurses, in connection with the State University of Iowa, at Iowa City, held their graduation exercises jointly at the University commencement. Eight young ladies composed the class from the Homeopathic School and eleven from the University Hospital School.

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Augusta, Ga.

The largest audience that has ever been present at the graduation of the City Hospital nurses attended the exercises May 19. Eight nurses received the diploma of the institution.

After an orchestral number Dr. J. T. Plunket made the opening prayer. Announcement was then made of the class honors. In naming those who won the honors Dr. T. E. Oertel said that as a whole the average of the entire class was exceedingly high and that the honor graduates had won by only a fraction or so. Miss Hattie Lou Culbertson received first honor, Miss Lila Zoe Arthur second and Miss Lillian Emily Clerc third.

Dr. Oertel, in behalf of the faculty and governing board, then delivered the diplomas. Each nurse was dressed in pure white and each one carried a large bouquet of deep red sweet peas tied with black and red ribbons. The effect obtained was very pretty. The class prophecy was read by Miss Hattie Lou Culbertson. It was a clever piece of class literature.

Dr. L. A. Baker sang the solo, "Face to Face," in a very impressive manner, after which the Last Will and Testament of the class of 1908 was read by Miss Sarah Latham. Many and sundry things were bequeathed by the departing class to their junior sisters, to

the hospital, to the faculty and to the governing board.

Miss Lillian Emily Clerc read the valedictory of the class.

Dr. T. E. Oertel then introduced Dr. Richard Wilkinson, who delivered the oration.

Following the oration Dr. J. T. Plunket pronounced the benediction. The friends present were invited to meet with the graduates in the rooms above.

The guests left at a late hour after having spent a most enjoyable evening.

The superintendent is Miss Mary A. Moran, of the class of '99, of Philadelphia Hospital.

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Married.

Dr. Jesse Havis Riley and Miss Sena Elizabeth Sims announce their marriage on Tuesday, June 30, at Augusta, Ga. Mrs. Riley is a graduate of the Hotel Dieu, New Orleans, and was recently in charge of the operating room at the City Hospital, Augusta, Ga.

Miss Edith A. Francis, a New York State registered nurse, was married to Mr. Lewis C. Van Wagner, of Fishkill-on-the-Hudson, July 5. Mrs. Van Wagner is a graduate of St. Luke's Hospital at Newburg, and a post-graduate of Dr. Bull's Private Sanitarium of New York City.

Announcement is made of the marriage of Miss Anna M. Simonson and David T. Scudder, June 18, at New York City. Mr. and Mrs. Scudder will be at home after July 15 at Binghamton, N. Y.

One of the most interesting of the many June weddings in Des Moines was that of Miss Mable Alice King and Dr. Malcolm Royal, which took place at the home of the groom's parents, Dr. and Mrs. George Royal. The marriage was characterized by its simplicity and impressiveness.

The guests, who numbered thirty, included only relatives and intimate friends, and were received by the parents of the groom and Mr. A. F. King, father of the bride.

In the east parlor, before the windows, a canopy of bride's roses and smilax was arranged and draped to the sides with white

ribbon. Here the bridal couple, unattended, at 7:30 o'clock, spoke the marriage vows before the Rev. Dr. Stephens, of the North Park Congregational Church. Following congratulations refreshments were served in the pretty rose-decorated dining-room.

The bride is an attractive and lovable young woman, a daughter of A. F. King, of Bellmont, Ia., and has made her home in Des Moines for several years. She was graduated from the Homeopathic Hospital School for Nurses, Iowa City, June, 1907, and since then has practised her profession in her adopted home.

Dr. Royal is a son of Dr. George Royal and wife, pioneers of Des Moines, and is a young man of sterling worth. Dr. and Mrs. Royal will be at home during the Summer at 1134 Sixth avenue, Des Moines.

Married at the home of the groom's parents, Mr. and Mrs. Stewart Walters, in Ordway, Col., Beatrice Coleman, daughter of Mr. and Mrs. W. F. Coleman, of Columbus, Ohio, and Mr. James W. Walters of Cheraw, Col. The bride is a well-known trained nurse, a graduate of the Methodist Hospital, Des Moines, Iowa, where she has resided for several years, making a large circle of friends who will be interested in the announcement of her marriage. Mr. and Mrs. Walters will make their home in Cheraw, where the groom is located in business.

Miss Murrell Wright, graduate of an English school of nurses, doing duty privately in Otbow, Sask, was married not long since to Mr. Robert Sterling Jackson, son of a physician in the army. The residents of Otbow are glad that they do not lose her personally if they do professionally.

At St. Mark's Episcopal Church, Cheyenne, Wyo., on June 6, 1908, occurred the marriage of Bertha Edith Toll to Hardin L. Anderson, Dr. Rafter officiating. Miss Toll was originally from Kent County, Ontario, but graduated with the 1907 class of St. John's Hospital, Cheyenne, and has been in private work almost a year. In that time she had gained the respect and confidence of the medical profession, as well as laity. Mr. Anderson is

Summer Intestinal Disorders

That digestive derangement is especially prone to occur in the summer months is only too well known, but while atmospheric conditions may predispose to gastro-intestinal disease, it is beyond question that errors of diet most frequently furnish the exciting cause.

Rational treatment, therefore, invariably comprehends careful regulation of the diet, and Benger's Food possesses certain special qualifications that make it particularly useful in all forms of digestive disturbances. These qualifications are:

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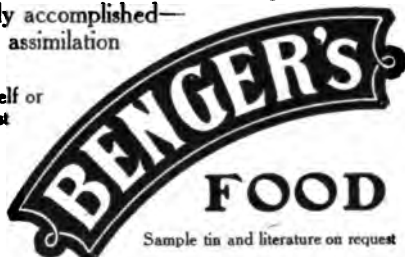
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the much-respected superintendent of the Wyoming Division of the Union Pacific. They will be at home to their friends at 405 East Seventeenth street, Cheyenne, after July 1, 1908.

At Reading, Pa., on April 20, 1908, Miss Etta Rebecca Huber to Mr. Walter H. Artz, of Hazleton, Pa. The bride was a graduate of the Pottsville Hospital Training School, in the Class of 1905, Pottsville, Pa., and was a most successful and well-known nurse.

At South Bethlehem, Pa., in January last, Miss Geneva L. Smith to Mr. R. Ritter, of that city. The bride was a graduate of the Pottsville Hospital Training School, in the Class of 1902, Pottsville, Pa.

At Knoxville, Tenn., June 1, 1908, Miss Sue Ruth Russel to Dr. C. S. Kinzer. Miss Russel graduated at the Pottsville Hospital Training School, in the Class of 1904, Pottsville, Pa.

In New York City, February 9, 1908, Miss Mae Bailey to Dr. Charles Stone. Miss Bailey was of the Class of 1907, Methodist Episcopal Hospital, Brooklyn, N. Y.

Miss Letitia A. Leighty, graduate of the Connecticut Training School for Nurses, Class of 1903, was married to Mr. George W. Freiday, June 3, 1908. They will be at home after July 1, at South Windham, Maine.

At Indianapolis, Ind., July 2, Mr. Harry Woollen to Mrs. Marguerite Salter, late chief nurse (Army Nurse Corps) Division Hospital, Manila, P. I. Mrs. Woollen was graduated from the New York City Training School for Nurses, Blackwell's Island, in 1890, and was a member of the Army Nurse Corps for nearly seven years.

July 1, at Washington, D. C., Trinity Chapel, Minnie T. Turner, R. N., to Mr. Sydney L. P. Dunott. Mrs. Dunott is a graduate of New York Infirmary for Women and Children, class of '07. They will reside in Baltimore, Md.

Born.

On June 4, 1908, a daughter to Mr. and Mrs. Harry Brearley. Mrs. Brearley was of the Class of 1905, Methodist Episcopal Hospital, Brooklyn, N. Y.

July 2, 1908, at Lawrence Hospital, Columbus, Ohio, to Mr. and Mrs. Homer E. White, a seven-pound baby girl.

Mrs. White, nee Dollie Smith, is a graduate of the Lawrence Hospital Training School for Nurses, 1906.



Personal.

Miss Emma Yeager, formerly of Des Moines, has gone to Guthrie Center, Iowa, to take charge of Dr. O. Fordyce's private hospital.

Miss Catherine E. Moran, Class of 1904, Philadelphia Hospital, has accepted a position as superintendent of South Mississippi Infirmary, at Hattiesburg, Miss. She entered upon her duties July 1.

Miss Mary E. Roche, graduate of the Connecticut Training School for Nurses, Class of 1901, graduated from the Woman's Medical College of Baltimore, May 28. The alumnae of the Training School extend best wishes to Dr. Roche.

Mrs. Lillie H. Marshall, one of the instructors at the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia, is going for an extended trip to Europe to study latest methods in mechano-therapy. The knowledge gained abroad will, upon her return, be incorporated in the courses of instruction at the above institution.

Miss Julia C. Wight, of New Hamburg, N. Y., and Miss Delphina E. Capling, Cannington, Ontario, Canada, both resident nurses at the Wellesley College Hospital, Wellesley, Mass., have gone to Philadelphia to take a course in the Swedish system of massage, gymnastics, electro and Hydrotherapy at the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia.

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SAPOLIO

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SAPOLIO

Miss Margaret E. Bates, of Columbus, Ohio, who was called to Bucyrus, Ohio, to nurse a patient, four weeks ago, has returned home.

Miss Ceasrie M. Wernet, who has just completed a two years' course in the Lawrence Hospital Training School, Columbus, Ohio, will return to Canton, Ohio, her home, for a much needed rest, after which she will take up her work again as trained nurse on private duty.

Miss Winona Peterson, superintendent and head nurse of the Lawrence Hospital, Columbus, Ohio, for the past three years, has gone to St. Louis, Mo., her home, for a much needed rest and vacation.

Miss May Leist, graduate of Columbus, Ohio, State Hospital Training School, class of '06, has gone to Chicago to take a post graduate course in the Illinois Training School for Nurses.

Miss Lavenia Hutt, a graduate of the Posse Gymnasium, 1903, and for a number of years assistant in Dr. E. G. Brackett's Gymnasium, in Boston, Mass., is taking this summer the courses in the Swedish system of massage, medical and corrective gymnastics and electrotherapeutics at the Pennsylvania Orthopædic Institute and School of Mechano-Therapy, Philadelphia, Pa.

Obituary.

We are sorry to report the sudden death of Mrs. Murrell Wright, which occurred on June 4. Mrs. Murrell Wright came from England about five years ago and opened a small, private hospital in Otbow. Much sorrow is felt at her sudden death by those whom she helped so skillfully during illness. We tender our sincere sympathy to her daughters, Mrs. Jackson and Miss Laura Murrell Wright, in their hour of sorrow.

We regret to announce that Mrs. John Nichols, nee Lillian Carruthers, graduate of the Metropolitan Hospital Training School, B. I., Class of 1906, died at her home in Philadelphia on May 15, 1908, after a very severe illness.

Whereas, it has pleased our Heavenly Father to relieve her of her sufferings, be it therefore

Resolved, That we, as an Alumnae Association, express our deepest sympathy to her immediate family, and be it further

Resolved, That a copy of these resolutions be sent to her family, also entered on the minutes of our association and sent to the "Trained Nurse."

CAROLINE MACDEVITT,
LAURA BROWN,
HELENE D. BENGTON,
Committee.

Died, at her home, Hoboken, N. J., April, 1908, after eight days' illness of typhoid fever, Edna M. McLaren, a graduate nurse of Mountainside Hospital, Montclair, N. J., Class of 1897.

Whereas, our Heavenly Father has, in His infinite wisdom, taken to His fold our friend and sister,

Therefore, be it

Resolved, That we, the members of Alumnae Association of the Mountainside Hospital desire to express our sincere sorrow and extend to her family our heartfelt sympathy in their bereavement.

Resolved, That a copy of these resolutions be sent the family of our deceased sister and the various magazines, and that a copy be spread upon the minutes of the Alumnae.

MISS TODE,
MISS GAUATT,
MISS GUTHRIE,
Committee.

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The Hospital Review

The Hospital for Children.

The report of the Laura Franklin Free Hospital for Children contains, besides the statistics relating to the institution, a number of comments and comparisons that are of general interest. In commenting on the cost of maintenance the report says: "When we come to per capita cost we are met by the same old statement that 'children are less expensive to care for.' Now, we burn just as much coal in our boiler room, our engineer is just as tall, it takes just as much gas to light a room, our kitchen range is just as large, also ice-boxes, the operating room expenses are the same, etc., as though the wards were filled with men and women, children of a larger growth. As to food, we have never supported a child on the theoretical difference. Here children are weighed weekly and are expected to gain even under adverse circumstances. * * * There is an unwritten law that hospitals must keep abreast of the public demands. Luxuries have become necessities, while 'comparisons' are no longer odious to the universal mind. These facts were exemplified by one of our small boys, who had to leave his happy home for an operation. When his mother said good-bye he wept bitterly; but later, when she came to take him away, he refused to go, as 'she had no telephone, no elevator and no hat.' Again we were electrified by the needs of a New York cat. The gas had been left burning in a room till a late hour 'so the cat could see to catch a mouse.'"

In the training school report it is stated that "The school was started as an educational venture, not to furnish cheap hospital labor. It caters to the younger women (age limit from eighteen years up), who are physically equal to the normal requirements of training school life, but who would not be able to stand the strain of three years' strenuous work in our large general hospitals; to deficient young women who demand individual training, and their companion pieces who

need the patience of others and are 'slow but sure'; to the carefully reared young woman who has 'always wanted to be a nurse,' but cannot gain the consent of her mother until they compromise on a children's hospital. Gathering material from these classes is more arduous, but the results are most gratifying. * * * We, like other schools, have felt the wave of the two years' course sweep by. Sometimes we have felt like 'Bill Nye' on the silver question: 'Yes, I know I spoke on the other side last year, but I can talk on one side as well as the other and the pay is better on this side this year.' Personally we find it hard to crowd the amount we give into two and a half years—three would be more satisfactory."

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American Hospital Association.

The following is the preliminary announcement of papers to be presented at the tenth annual conference of the A. H. A., to be held at Toronto, Canada, September 22-25:

"The Inspection of Nurse Training Schools, Its Aims and Results," Miss A. L. Alline, inspector of Nurse Training Schools, New York; "Some Problems of the Training School for Nursing," Miss M. A. Nutting, Teachers' College; "Relation of the Training School to Hospital Efficiency"; "Report of the Sub-Committee on the Training of Nurses," Rev. A. S. Kavanagh, D. D., of the Methodist Episcopal Hospital, Brooklyn; "Report of Sub-Committee on Hospital Efficiency, Hospital Finances and the Economics of Administration," E. S. Gilmore, Wesley Hospital, Chicago; "A Layman's View of Hospital Work," J. Ross Robertson, Hospital for Sick Children, Toronto; "The Visiting Committee as an Aid to the Safe Conduct of Public Hospitals," Mrs. George S. Bixby, New York City; "Problems in the Management of Small Hospitals," Theo. R. MacClure, M. D., Salvay General Hospital, Detroit; "Some Scientific Aspects of Hospital Management," John A. Hornsby, M. D., Michael Reese Hospital, Chi-

Diet in Intestinal Diseases.

The "heated term" is always associated with an increase of intestinal diseases—acute catarrh, diarrhoea, gastric disturbances, etc.

Diet plays a very important role in the treatment of these disorders, as every well informed physician knows, and cures can often be effected by diet alone, when without this mode the disease may become intractable.

The very organs—stomach and intestines—where nutriment is digested and absorbed, being involved, require the administration of such food as will quickly nourish the patient and at the same time tax the special organs involved with the *least* functional effort.

In theory, confirmed by a decade of practical experimentation, the most available food preparation in intestinal diseases, is grape-nuts in combination with milk or cream. In those feeble patients where the digestive powers are very low and where depletion of the general strength from loss of body fluids is found, it is advisable to begin with grape-nuts dissolved in hot water and the liquid poured off after 10 or 15 minutes "soaking," for use with milk or simply alone.

This "liquid grape-nuts" will be found of great value in young children and even infants, when the usual "prepared foods" are not retained. As soon as the food itself in small and increased amount can be taken with milk or cream, the building-up process is increased.

Grape-Nuts contains nothing but whole-wheat and barley with a small portion of compressed yeast and salt. It is baked from 10 to 16 hours and is absolutely sterile—hence is an ideal food for intestinal diseases.

The process of its manufacture is graphically given in the new "Clinical Record," prepared for the bedside use of the busy doctor. If you have not yet received *your* copy, Doctor, it will be sent you with your name in gold letters on cover; also liberal samples of grape-nuts and postum, on receipt of your name and address, sent to

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cago; "Trained Housekeepers," Miss M. U. Watson, director Home Economics, Macdonald Institute, Guelph, Canada; "The Relation Between the Superintendent and the Staff," Miss E. M. L. Patton, Grace Hospital, Toronto; "Report of Sub-Committee on Uniform Accounting," C. Irving Fisher, M. D., Presbyterian Hospital, New York; "Note on the Enlistment of Government Indian Ladies as Nurses," J. Edward Stohlmann, Jr., German Hospital, Brooklyn; "Co-operation in Dispensary Work as Exemplified by the Association of Tuberculosis Clinics of New York," James Alex Miller, M. D., president Association of Tuberculosis Clinics, New York; "Report of Sub-Committee on Out-Patient Work," John M. Peters, M. D., Rhode Island Hospital, Providence; "Out-Patient Work at the Massachusetts General Hospital," Frederic A. Washburn, M. D.; "Out-Patient Work at the Worcester City Hospital," Thomas Howell, M. D.; "Out-Patient Work at the Massachusetts Homeopathic Hospital," W. A. Mann, M. D.; "Report of the Sub-Committee on Hospital Construction," J. N. E. Brown, M. D., Toronto General Hospital; "The Municipal Hospital Architecture of the City of New York," Raymond F. Almirall, architect, New York City; "The Planning and Construction of Hospitals for Smaller Cities and Towns," Meyer J. Sturm, architect, Chicago; "Report of Sub-Committee on Medical Organization and Medical Education," Joseph B. Howland, M. D., Massachusetts General Hospital; "Infectious Diseases in General Hospitals," Robert J. Wilson, M. D., superintendent of hospitals, Department of Health, New York; "The Hygiene of Infectious Diseases in Medical Wards," D. L. Edsall, M. D., University of Pennsylvania; "Hospital Treatment of Contagious Diseases," Charles Sheard, M. D., medical health officer, Toronto.

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Des Moines, Iowa.

Short dedicatory services were held June 13 for the new nurses' home in connection with the Iowa Methodist Hospital, Bishop W. F. McDowell giving the dedicatory address and Bishop David Moore the dedicatory prayer. The new home, which has just been completed at a cost of \$30,000, is estimated to be one of the most complete and convenient homes of its kind in the State. It was

thrown open to the public for inspection; a large number of books for the library and pictures for beautifying the interior were donated by visitors. The old home, lately vacated by the nurses, is being torn down, the site to be used for a \$40,000 addition to the hospital, which will be constructed during the present year.

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Boone, Iowa.

A large, strictly modern addition is contemplated soon in connection with the Eleanor Moore Hospital, Boone, Iowa.

+

Helena, Mont.

Work will be begun at once on the new structure of what is now known as St. Peter's Hospital, which is to cost \$100,000. The name will be changed to the Henrietta Brewer Memorial Hospital, in memory of the late wife of Bishop Brewer.

+

Dr. Adolf Meyer.

The faculty of Johns Hopkins University elected Dr. Adolf Meyer, of New York, to the directorship of the Henry Phipps Psychiatric Clinic, which Mr. Phipps recently endowed with \$750,000. Dr. Meyer has accepted. It has been arranged for Dr. Meyer and the architect, M. Atterbury, of New York, to go abroad at an early date to study the construction and organization of the leading European psychiatric clinics.

Dr. Meyer has been since 1902 director of the Patnological Institute of the State Hospitals of New York, situated on Ward's Island, New York City, and since 1904 professor of psychiatry in the medical department of Cornell University, New York. He is also president of the New York Psychiatric Society.

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Worcester, Mass.

Memorial Hospital, Worcester, Mass., is about to enter on a new era in its history. Four new buildings are under construction; a heating, power and laundry plant to cost \$35,000; a children's ward, \$80,000; a maternity ward, \$40,000; a ward for private patients, \$40,000. The maternity ward has been made possible by a gift of \$40,000 from Mr. Charles H. Morgan, of Boyleston, Mass., while a gift of a similar amount from Mr. George L. Newton, of Worcester, almost at the same time, rendered possible the construction of the building for private patients.

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does the physician determine the merit of any medicinal agent?

does he separate the valuable medicinal wheat from the useless therapeutic chaff?

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is a perfect nutriment for babies, scientifically prepared. The principal element in woman's milk is Sugar of Milk. Only pure Milk Sugar is used in Lactated Infant Food, the nearest approach to Breast Milk known and an ideal food for the child that supplies its every need. Liberal samples on request.

Physicians who wish to give Lactated Infant Food a careful trial may have samples sent direct to patients by forwarding to us names and addresses.

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The Editor's Letter-box

Large or Small Training Schools. .

To the Editor of the Trained Nurse:

The two very able articles—one, "An Unorthodox Opinion on Registration," by Charlotte A. Aikens, appearing in the May number, and "The Question of Affiliation of Training Schools, from the Small Hospital Standpoint," by "An Observer," appearing in the June number—have prompted the thoughts which I shall endeavor to put before the readers of this most valued journal.

I agree with Miss Aikens that registration is the proper thing for all graduate nurses, but when nurses from large hospitals and also some doctors look with suspicion upon graduates from small institutions it is time some one rose in protest and in defense of same. I am a graduate of a small hospital, and want to say most emphatically that they are just as capable of sending out efficient nurses as the larger institutions. I graduated five years ago and have since done considerable hospital work, where graduates were employed for staff work, and will here quote just one instance which came under my observation.

A registered nurse from one of the popular, larger hospitals was called upon to administer hypodermoclysis to a post-operative patient, in consequence of which the patient had several abscesses to nurse along with all her other troubles. I do not wish to condemn large hospitals; in fact, to me there is nothing grander than a large, well-conducted institution. If registration, professional ethics, etc., were all viewed from a broad-minded basis this nursing world would indeed be a paradise. Give all nurses a fair chance, be they from large or small, two or three years' course training schools; give them a chance to prove themselves worthy of their noble profession, and if they cannot, it is then time enough to condemn and pass judgment upon them. Hoping that this may prove beneficial to some of the so-called "Professional Snobs,"

A CALIFORNIA NURSE.

Favors the Three Years' Course.

To the Editor of The Trained Nurse:

So much is being said about the two and three years' course in nursing; and it seems to me a hard problem to solve, as there are so many things to be considered—so many sides to the question. I am quite sure it is the same in nursing as in all other professions, that one cannot learn it all in a lifetime; but it seems to me that there is more to be gotten out of a three years' course than two years in the same school. There is so much class work and studying during the first two years; so it seems to me that the third years should be given to nursing critical cases and bearing some of the responsibilities of the head nurse. As a rule, the small institutions employ only one graduate nurse, and her duties are many, so it is often necessary to depend on a senior nurse. Her third years will not be wasted if she shows her willingness and desire to learn. As to the course being hard on the pupil, if she enters the school in good condition as a rule she will find on finishing that she is even stronger and better in many ways. But one must be strong and well physically, and I assure her she will be happy during the three years' course.

The TRAINED NURSE is a great help, and it gives me so much news of other schools and nurses. I like to know where friends are, and so I read the Nursing World with much pleasure. Sincerely,

JOSEPHINE SHIELDS.

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Nervous Babies.

To the Editor of the Trained Nurse:

I have been interested in the papers contributed on the care of babies. There is one point which has not come under my observation in all the books and papers read.

All who have had the care of babies must have noticed a difference in those of the same family as to crying. Some are wakeful, fretful and crying, while others are sleepy and comfortable. My experience has been that the

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crying baby, who used to be called colicky, is the firstborn, and in childhood and adult life develops a nervous temperament, that feels the care of things and frets and worries. The second born in the same family will be the opposite as a babe, and also develop opposite temperament.

Some people object to calling a baby nervous, but they are born with nerves, which evidently are not in the same condition in all individuals in later life, and why not differ in the beginning? A child's only expression of any uncomfortable feeling is a cry. F. E. B.

+

The Correct Position for Enemata.

To the Editor of the Trained Nurse:

Some time ago I noticed an inquiry in the magazine in regard to the correct position in giving enemata. This question arose in our school, and Dr. Benjamin F. Bailey, in one of his lectures, gave us the reason for using the right-side position, when, in all our text-books, nothing has ever been said in regard to the right side.

In using the low enema the time-honored position on the left side is certainly correct, as the fluid used in the enema, immediately after leaving the tube, by the natural force of gravity follows the trend of the colon, via the sigmoid flexure to the left. On the other hand, when the high, rectal tube is used this passes so high in the bowel that the water, on leaving the tube, will naturally, with the help of the force from behind, namely, by the elevation of the water bag, be impelled to the immediate vicinity of the turn from the descending to the transverse colon, and will, hence, be uninterrupted in its course; whereas, if the enema is given with the high, rectal tube, the patient in the left position, the tendency is to force all water or fluid, upon leaving the tube, to make progress against the force of gravity and with the least obstruction it will certainly result in a thorough filling of the lower bowel before the passing of water or fluid through the transverse or ascending colon.

H. J. FISHER,

Superintendent Nurses, Green Gables, Lincoln, Neb.

Agrees with Miss Addams.

To the Editor of The Trained Nurse:

I have just read the article in my February number by a sister nurse, who thanks Miss Addams for her paper, "A Layman's Views of Hospital Work Among the Poor," and feel that I would like to give an experience of my own.

Two years ago I was a patient in one of Maine's best private hospitals. One night the thermometer was four degrees below zero, and do his best the fireman could not keep the rooms warm. I was cold, and rang for the nurse to bring me another blanket. She did not answer, and I rang again; no response, and I repeated the ring. Other patients either wanted her or else kindly tried to help me out, for I heard several bells. Like most women, I began to cry.

In a moment I saw what I thought was a ghost standing in my door. I was too frightened to move or scream. There was a young girl, nearly six feet tall, weighing not more than eighty pounds, a face terribly white, with big black eyes and two long braids of black hair. But in an instant she came to the bed and said in the sweetest voice I ever heard: "What is the matter? Tell me; perhaps I can help you." I told her I was cold, and she got a blanket, put it over me and tucked me in. "If you are not warm enough now ring again; I think the nurse will soon come." As she went I could see she held on to the wall and could hardly stand alone.

When the nurse came she said she had been working in the linen closet, for *that must be put in order first*. Then she asked me how I got the extra blanket, as I was not supposed to move. When I described the girl who brought it she said: "Why, that is the patient in the next room. She ought to know better, for she is a nurse and understands her case. I must talk to her." And true to her word she did talk to her, and this is the answer she received: "Yes, I am a nurse and understand my case, and I am also a patient who knows what it is to want little things done to relieve my suffering, but must wait because the rules of the hospital demand that the linen closet must be put in order first."

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The "Allenburys" Milk Food "No. 1"

Designed for use from birth to three months of age, is identical in chemical composition with maternal milk, and is as easy of assimilation. It can therefore be given alternately with the breast, if required, without fear of upsetting the infant.

The "Allenburys" Milk Food "No. 2"

Designed for use from three to six months of age, is similar to "No. 1," but contains in addition a small proportion of maltose, dextrine and the soluble phosphates and albuminoids.

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Designed for use after the fifth or sixth month, is a partially predigested farinaceous food needing the addition of cows' milk to prepare it for use.

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A teaspoon of **Horsford's Acid Phosphate** added to a glass of cold water makes a cooling and refreshing acidulous drink for the patient during convalescence from typhoid and other febrile conditions.

Its superiority over Dilute Phosphoric Acid, or any other acid, is due to the fact that it contains the phosphates of calcium, sodium, magnesium and iron, which means increased nutrition.

Horsford's Acid Phosphate

is more palatable and strengthening than lemonade, lime juice or any other acidulous drink.

RUMFORD CHEMICAL WORKS, Providence, R. I.

Night Feeding of Babies.

To the Editor of The Trained Nurse:

What Miss Harrison said in the February number on the management of night feeding of infants is just what I have found best to do.

The benefit to the mother is so great that it pays to train the child to sleep all night. The unbroken rest of the mother enables her to nourish the child better during the day, and so it is in better condition for a good night.

If the supply of milk is normal, a child can easily overfeed from one breast and can get all it needs in twenty minutes, and some babies can in ten. When not satisfied with both breasts, the quantity and quality must be deficient, and if extra nourishment doesn't help the mother to keep up her milk, then the bottle will have to be used.

I make sure that the last feeding is a good one, at 9 or 10 o'clock, and so give baby a fair chance to sleep. If it seems uncomfortable or restless I place a hot water bag under its abdomen. This I have found would soothe and enable it to go to sleep. Be sure not to make it too warm; about 105 degrees is sufficient. Sometimes a change of position only is necessary, and laying on the abdomen is mostly a comfortable position. I have had babies sleep that way when they wouldn't in any other position.

I have reached the conclusion that a three-hour interval for feeding is more practical; first, to the mother, as she has less work and more time to rest, also less trouble with sore nipples, for mostly when a baby doesn't nurse well it chews the nipple or pulls on it in such a way that soreness and tenderness is increased considerably, with greater tendency to crack.

Second, the baby sleeps better, for often it has only just gone to sleep when it must be wakened on a two-hour interval, if an attempt is made to keep up a regular time; also it is more content when awake and free from colic.

At three weeks old I have had babies lay awake an hour at a time, perfectly happy. Then a little judicious letting alone soon enables them to form the habit of being good when awake.

I have found also that a child would soon establish the habit of using a chamber when taken up for feeding or bath. This often adds to the comfort of nursing, besides forming a good habit and helping prevent constipation when there is a tendency to it.

I lay the child across my lap with the buttocks sufficiently over the side to enable me to hold the chamber up to the child. A little coaxing will often get it to imitate and give attention, so that it will try to evacuate the bowels and will urinate nearly always.

I think nurses can do much to help the mother understand better management of her little ones, and it is not the least of her duties to do so.

M. HARRIS.

+

Charging for Bathing a Patient After Death.

To the Editor of The Trained Nurse:

Will you tell me through the TRAINED NURSE why a nurse should charge extra for bathing her patient after death?

I should say most decidedly that it is the nurse's duty to attend to that without any additional remuneration. In the hospital, while in training, we are taught to see that the body is well bathed before sending it to the morgue, and when a nurse is called on to attend to this in a public institution it seems only reasonable to expect her to prepare the body for the undertaker when on a private case.

Among the important requisites for a nurse are kindness and sympathy, but I am sure it would not look very sympathetic of her to consider a time of bereavement the time to make an extra dollar. It would look very much as though she were taking advantage, and making the burden heavier from the financial standpoint, instead of doing all she could to help in every way at the time of sorrow and affliction. Sincerely yours,

KATHERINE R. TROY.

It is not the rule for nurses to make an extra charge for bathing a patient after death. We had a letter on this subject in the March number. Personally we have never known a first-class nurse to make this charge, and believe it to be quite the exception.

The Dangers of Cow's Milk

THE recent epidemic of Scarlet Fever in Chicago has awakened the whole country to the grave danger lurking in the Milk Supply of our large cities. Wherever milk is used that has not been properly safeguarded from the cow to the consumer, the infant mortality will always be high.

Coincident with the Chicago Epidemic there comes a Report of the British Royal Commission on Tuberculosis. After five years' investigation, the Commission confirms the theory of Von Behring, that the tuberculosis of cows is a constant menace to the human race, and that consumption developed in later life has often been contracted in infancy from tuberculous milk.

Nestlé's Food

does not require the addition of milk in preparing it for use, as it is a complete diet in itself. The basis of Nestlé's Food is cow's milk, so treated and modified that it will be easily digested, and will resemble mother's milk in its composition, as closely as possible. The milk supplied to the Nestlé Factories is collected under the most rigid precautions, from cows that are under the constant supervision of the Company's Veterinarians. Furthermore, the process of manufacture completely sterilizes the milk. This is fully set forth in our pamphlet, "Recent Work in Infant Feeding." A copy of this, with samples of Nestlé's Food, we will be glad to send to any physician.

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 LILLIE H. MARSHALL } (Pennsylvania Orthopaedic
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It is not often that a book so useful as the "Nurses' Handy Book" is offered free to nurses. All that is necessary is to ask G. W. Carnick Co. to send you one.

+

Sherry and Malted Milk.

Add powdered sugar to a glass of sherry and nutmeg, then add a glass of Horlick's Malted Milk hot, by pouring over the wine, sugar and nutmeg.

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I used Horsford's Acid Phosphate in a case of leucocythemia (impoverishment of the blood) with success.

Dr. R. B. McCLEARY, Monmouth, Ill.

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Ogden & Shlimer's Mystic Cream.

Enclosed find 25 cents in stamps for which send me by return mail one jar of your Mystic Cream. It is the best I have ever used.

Hoping to receive it soon, I am,

Miss NELL PERRY (Nurse),
Peoria, Ill.

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Second Degree Burn.

"Ellen J., aged twenty-one, whose clothing caught fire and body was burned extensively to the second degree, was under my care in our hospital for a month, during which time no dressing but Unguentine was used, and in no time in the history of the case did the temperature exceed 100 degrees, and reached that point only for a few days. We use Unguentine for a large number of cases in our hospital work, and it gives entire satisfaction."—H. G. V. de Hart, Attending Physician, White Plains Hospital, White Plains, N. Y.

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Barley Crystals. They're Good.

Our "Barley Crystals" is made from the heart of Barley, the most soothing and emollient grain known, invaluable as diet in cases of irritable stomach and intestinal or kidney troubles and Bright's disease; of delicate and delicious flavor, an equally attractive breakfast and dessert cereal for those in health.—Farwell & Rhines, Watertown, N. Y.

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Junket.

Junket, as a health food for invalids and children, stands without a peer. It is easily prepared from pure milk by adding a Junket Tablet, dissolved in a tablespoon of water, and can be sweetened to suit the individual taste. Raw eggs whipped in milk before it is Junketed makes a rich, creamy dessert, which possesses great toning qualities. Ice cream made from Junket Tablets is superior to the finest French cream, and more healthful. Samples of Junket Tablets, ice cream pamphlet and booklet, "Junket in Dietetics," sent free upon request. Chr. Hansen's Laboratory, Little Falls, N. Y.



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Kellogg's Toasted Corn Flakes "won its favor through its flavor"—crisp, delicious.

Nauheim Baths for Heart Disease.

In the treatment of diseases of the heart the use of saline carbonated baths is nowadays highly recommended by most authorities. These baths, which have made Nauheim, the German health resort, famous, can be efficiently, conveniently and economically administered at home by the use of the Triton Effervescent Bath Salts.

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Before and After Operations.

To keep up the strength of the patient before operation and to restore lost blood after operation, Pepto-Mangan (Gude) acts with quick and certain results. Its blood producing power is beyond question, as has been proven in the large hospitals after the severest surgical operations. Pepto-Mangan (Gude) is a reconstructor of known merit, and in building up the strength of the patient before and after operations it has no peer.

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The Napkin Region.

Adamson (British Journal of Children's Diseases) defines the napkin region not only as including the lower abdomen, buttocks, the genitals and the thighs, but also the other parts that come in contact with the diaper. The napkin region is Pulvula's especial domain. This non-absorbing, non-fermenting, oily baby powder keeps this region dry and an unlikely field for the growth of micro-organisms. Eczema and intertrigo when present are at once relieved.

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Pond's Extract.

In regard to the therapeutics of Hamamelis, of which Pond's Extract is admittedly the standard preparation, no better evidence can be brought forward than the statement of prominent medical authorities. For instance, Potter, in his well-known work on "Materia Medica, Pharmacy and Therapeutics," says: "Hamamelis is used with great benefit, both externally and internally, in cases of hemorrhoids (particularly those of the bleeding variety), varicose veins and ulcers, venous congestion and threatening local inflammations. It is highly recommended in hemorrhages from the nose, stomach, lungs, rectum and kidneys, and externally for sprains and bruises, foul ulcers, the pruritus of eczema and catarrhal diseases generally."

Daniel's Concentrated Passiflora Incarnata.

Daniel's Concentrated Tincture Passiflora Incarnata is a sedative which is becoming more and more popular with physicians each day. Its great virtue is that it produces a natural, healthful condition, which is the first requisite to convalescence and ultimate recovery. Passiflora is a product of the Maypop, or passion flower, containing greater sedative properties than any other plant, and the concentrated tincture preserves these properties in the highest degree.

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Resinol Soap—Because!

It not only cleanses but also nourishes the skin.

It obviates the tendency to pimples and other eruptions.

It gives life and brilliancy to the hair.

It keeps the scalp clean and free from dandruff.

It is the best cure for feter of feet or offensive perspiration, or any unhealthy skin condition.

Write for sample to Resinol Chemical Co., Baltimore, Md.

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Lysol.

Lysol is more efficient than either bichloride or carbolic acid; first, because it is non-poisonous; second, because it does not affect the skin; third, it does not coagulate albumen and allow the germ to live inside its hardened capsule; fourth, the bactericidal action of Lysol is five times stronger than that of carbolic acid.

The surgeon, gynecologist, obstetrician and general practitioner have in Lysol an ideal antiseptic, disinfectant and germicide for all uses.

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Ergo-Apiol (Smith).

Ergo-Apiol was easily and agreeably taken by all the patients to whom I administered it, and in no case was there any nausea, eructation or any other gastric disturbance. Unlike most other emmenagogues, it requires only small doses continued for a comparatively short time to bring about the desired therapeutic effects. Ergo-Apiol (Smith) has not only a stimulating effect upon the menstrual function in amenorrhea, but also a tonic effect upon the muscle fibres of the uterus.—Geo. S. Walker, M. D., Staunton, Va.

Junket in Dietetics

is the title of a short treatise of interest to *physicians and nurses*, and for use in *hospitals and sanitariums*. It tells of the many uses of Junket Tablets for preparing *whey, humanized or modified milk, Junket puddings* and *ice cream*, and explains the action of the *Rennet Ferment*.

Write us for this booklet

JUNKET TABLETS in packages of 10 tablets 10c., and in packages of 100 tablets 75c. At all grocers' and druggists', or by mail direct from the manufacturers.

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TRITON EFFERVESCENT **Bath Salts**

The preparation of an artificial Nauheim Bath surcharging the water with carbon dioxide by adding to a tub of water a package of Triton Salts is simple to the last degree. We shall be glad to send literature and manual of the Nauheim Treatment on request.

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Schieffelin & Co.
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such as acute indigestion, summer diarrhea, intestinal disorders and heat prostration are rapidly overcome by the use of

Gray's Glycerine Tonic Comp.

It promotes digestion, controls fermentation, and re-establishes normal circulation.

"A tonic of known dependability suitable for employment at any season of the year."

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The value of Trikresol in general surgery is evident from the facts that it is far more effective and much less irritant than phenol, retains its efficiency in the presence of albuminous substances—while phenol does not—and does not attack or blacken instruments. The United States Army, upon the recommendation of Major Walter Reed, adopted the use of Trikresol, and has continued its employment since that time, about fourteen years. One-half per cent. solutions are usually strong enough; stronger than 1 per cent. solutions should not be employed.

+

Vary the Diet in Typhoid.

It is largely the custom with the profession to give an exclusive diet, but this should not be prescribed in routine for all cases. Many authorities have advocated a departure from the strict milk diet which has come to be the rule for typhoid fever, and it is found beneficial to enlarge the dietary of some patients considerably, and this can be most perfectly obtained by the addition of Bovinine. It is usually the case in hospitals to put the typhoid patients on a routine milk diet, but of late it has been proved that far better results were obtained where the Bovinine was given in combination.

+

Oxolint. Have You Tried It?

The possibility has just been realized of substituting linen for cotton in medical, surgical and dental practise. The advantage gained by the physician, surgeon and dentist is tremendous, for linen will lessen the sufferings of hundreds of thousands, and greatly reduce the danger of infection.

The actual experience of surgeons shows that the superiority of the new linen bandage is not merely theoretical but actual, and members of the medical fraternity to whom an opportunity to experiment with Oxolint was given before it was put upon the market are unanimous in their verdict that a more satisfactory dressing than has ever before been obtainable at a moderate price has now been found. The process of manufacture of Oxolint is so exact in all its details that there is no danger of variation in the product.

See advertisement in this issue and send for free sample.

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We meet with many cases suffering intensely from pain where, because of an idiosyncrasy or some other reason, it is not advisable to give morphia or opium, but frequently these, take kindly to codeia, and when assisted by antikamnia its action is all that could be desired. In uterine contractions, tic douloureux, brachialgia, cardialgia, gastralgia, hepatalgia, nephralgia and dysmenorrhoea immediate relief is afforded by this combination. The most available form in which to exhibit these remedies is in antikamnia and codeine tablets.

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The importance of proper shoes cannot be overestimated.

Your shoes should allow absolute freedom, yet afford the support that the foot must have. The Red Cross Shoe does this. It entirely prevents straining and smarting—*saves the strength*; gives a sense of ease and lightness that travels through the entire body—buoys you up—keeps you on your feet.

The makers, John Fechheimer & Co., 537-557 Dandridge street, Cincinnati, have just issued their new style book. Write for a copy.

+

Improvements.

In accordance with its principles to always keep its courses of instruction in the Swedish System of Massage, Gymnastics, Electro- and Hydro-Therapy the most up-to-date any school can offer, the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia, is making special efforts this Summer to further the interests of its pupils. Extensive investigations will be made abroad this Summer by several instructors to study the latest methods in mechano-therapy, and the staff of instructors will be increased in response to the growth of the school. The clinical facilities open to the students have more than doubled inside of two years, showing the opportunities for pupils to gain practical experience. The Fall courses open on Oct. 8, 1908. Further particulars by addressing the superintendent. MAX J. WALTER, Supt.

The Physician of Many Years' Experience

Knows that, TO OBTAIN IMMEDIATE RESULTS
there is no remedy like

Syr. Hypophos. Co., Fellows

Many MEDICAL JOURNALS specifically mention this
Preparation as being of Sterling worth

TRY IT AND PROVE THESE FACTS

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It can be obtained of Chemists and Pharmacists everywhere.*

NOTICE—CAUTION.

The success of Fellows' Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of several of these, *finds that no two of them are identical*, and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light or heat, *in the property of retaining the strychnine in solution*, and in the medicinal effects.

As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing the Syrup, to write "Syr. Hypophos. *Fellows*."

As a further precaution, it is advisable that the syrup should be ordered in the original bottles; the distinguishing marks which the bottles (and the wrappers surrounding them) bear, can then be examined, and the genuineness—or otherwise—of the contents thereby proved.

The Publisher's Desk

The Trained Nurse and Hospital Review

A Monthly Magazine Devoted to Trained Nursing in Private Practice and in the Hospitals of the Country

Editor

ANNETTE SUMNER ROSE

LAKESIDE PUBLISHING COMPANY
PUBLISHERS

OFFICE—114-116 East 28th St., New York City

THE TRAINED NURSE

has no free circulation. Its price is \$2.00 a year, and it is worth it. It is published in the interest of the profession, screens no swindlers, puffs no humbugs, and does not take half its space to tell how good the other half is.

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COMPLAINTS for non-receipt of copies or requests for extra numbers must be received on or before the 10th of the month of publication; otherwise the supply is apt to be exhausted.

TO CONTRIBUTORS.—We pay liberally for all Original Articles.

Exclusive publication must be insured to all contributions offered to the Editors. Rejected manuscripts will be returned if stamps be sent for this purpose.

Exclusive publication not required for contributions to Nursing World Department.

Illustrations for articles are particularly solicited. All expense for drawings, plates, etc., will be borne by the publishers.

No responsibility is accepted by the Editors or publishers for the opinions of contributors, nor are they responsible for any other than editorial statements.

Books and monographs will be reviewed promptly.

Short, practical notes upon personal experiences or brief reports of interesting cases, with results from remedies, new or old, will be welcomed.

The Editors and printers will greatly appreciate the courtesy of having all manuscript typewritten; or, if this is impossible, clearly written, great attention being given to proper names and medical terms.

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IMPORTANT NOTICE.

The American Hospital Association announces the change of the date of the meeting at Toronto.

Owing to the impossibility of securing adequate hotel accommodations the dates of the Tenth Annual Conference have been changed. The conference will now be held at the King Edward Hotel, Toronto, Canada, on September 29 and 30 and October 1 and 2.

By order of the Executive Committee.

S. S. GOLDWATER, M.D., President.

W. L. BABCOCK, M.D., Secretary.

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BOOK REVIEWS.

We have received the following books which we regret it was impossible to review in this number, owing to lack of space. These will be reviewed as soon as possible.

Golden Rules of Dietetics. The General Principles and Empiric Knowledge of Human Nutrition; Analytic Tables of Foodstuffs; Diet Lists and Rules for Infant Feeding and for Feeding in Various Diseases. By A. L. Benedict, A. M., M. D., Member of American Academy of Medicine and of American Gastroenterological Association, etc. Author of Practical Dietetics. Price, \$3.00. For sale by Lakeside Publishing Company.

Dr. Benedict will be remembered as the author of many interesting articles on Dietetics which appeared from time to time in *THE TRAINED NURSE*.

+

Borderland Studies. Miscellaneous Addresses and Essays Pertaining to Medicine and the Medical Profession and Their Relations to General Science and Thought; Volume II. By George M. Gould, M. D., formerly Editor of the Medical News, the Philadelphia Medical Journal, American Medicine; author of a series of Medical Dictionaries, "Biographic Clinics." Price, \$1.50. For sale by Lakeside Publishing Company.

A most interesting book containing the following chapters: The History of the House, etc.; A System of Personal Biologic Examinations, etc.; The Life-Study of Patients, etc.; "The Seven Deadly Sins" of Civilization; Disease and Sin; King Arthur's Medicine; Some Intellectual Weeds of American Growth, Concerning Crank, Megalomaniac, Morphomaniac, Dotard, Criminal and Insane Physicians; Some Ethical Questions; History and Psychology in Words; Style; Child Fetiches; The Story and Lessons of an Unknown Hero's Life; Vocation and Avocation.

The Trained Nurse and Hospital Review

VOL. XLI.

NEW YORK, SEPTEMBER, 1908.

No. 3.

Training Nurses for Institutional Work*

CHARLOTTE A. AIKENS.

(Continued from August.)

WHAT is true of the business and domestic side of hospital work is true also of teaching. In almost every other kind of school except a Sunday school and a hospital school teachers are supposed to be taught how to teach. In every city of any size there are normal training schools to equip teachers for teaching this, that and the other thing. But in a hospital school the nurse is supposed to develop this teaching ability, as well as the necessary business and domestic ability, in some mysterious way—nobody knows exactly how. But she must have it. Every hospital demands a nurse who can teach. Some of them demand several such nurses. Advertisements state with great emphasis that a woman is needed who knows how to teach and train a class of nurses. They say very emphatically, "She must be a *good* teacher and disciplinarian." But how the average hospital graduate is to learn to be a good teacher is something we have not yet figured out. The medical man is supposed, by virtue of his medical training, to be fitted to teach *nurses*, even if he never taught a class in his life before. This teaching power is supposed to come

to *him* immediately he gets his degree. Perhaps the conferring of a diploma on a nurse is supposed in some inexplicable way to do the same thing for her. But in few, if any, other lines of education is this the case. The student must first study the subject matter and pass his examinations. Then he is expected to get some training that qualifies him to impart it to others. Is there any good reason why hospitals should not follow the same common-sense plan in equipping nurses to fill the numerous positions in our American hospital field? The Course on Hospital Economics is an excellent advance step, and those who have fostered and developed it in spite of great discouragements deserve the highest credit, but its cost, which is said to be at least \$600 a year, exclusive of clothing and incidental expenses, puts it out of reach of the great 98 per cent. of our nurses who are doing, and expect to do, institutional work. Some other less expensive means must be arranged to provide instruction along the line of institutional management for them if we are to have any general improvement in methods. University courses

*Read at the seventh semi-annual meeting of the New England Association for the Education of Nurses. Contributed to The Trained Nurse.

have always been for the privileged few, not for the many, and most of the world's toilers in all fields of activity have had to "make good" without the advantages which a university training affords. It must be so also in our own field. Most of us must be content with less than the best. It is the next best thing which I am advocating.

The question naturally arises, "How is the time to be secured for this instruction in a hospital?" Certainly, so long as present methods are in vogue, it is next to, if not quite, impossible to get this very necessary instruction. But if we strip our nursing course of all non-essentials, if we reduce the lessons and lectures to those which a nurse actually needs in order to do efficient bedside work, we will have ample time in the remaining months to give this training for institutional work. There is a test which I call my John Smith test, which I should like to see applied to every lesson and lecture given in the nursing course. The John Smith test is simply this: Will the nurse be any better able to care for John Smith after she gets this lesson than if she never had it? If not, then why burden her with it or spend time on it? If this test were conscientiously and fairly applied by an intelligent training school committee, it would reduce materially the number of classes in a great many hospitals. It would greatly simplify the problem of training.

I do not believe that any hospital giving a two-year course should attempt to give special training for institutional work. It is clearly a separate responsibility that devolves on the post-graduate schools and the larger hospitals—on institutions that are well manned and well organized. It is to the large hospitals we naturally turn when we want nurses for institutional work, and every large

hospital has a considerable number of such calls every year.

If our course is properly planned and superfluous classes and studies of every kind eliminated, as they ought to be; if we decided to quit trying to give a modified medical course and confine ourselves to nursing, I am quite sure that all necessary instruction for bedside nursing can be given in two years. There are enough thoroughly efficient nurses in Boston who have been trained in two years to make it unnecessary to elaborate that point. I would make the probation period three months and have it exclusive of two years as a pupil nurse. If the first fifteen months are devoted to foundation subjects and practical nursing and methods, the second twelve months to the management of different diseases and conditions, we shall have by that time thoroughly capable and intelligent nurses for general work. We shall still have nine months of a customary three years' period to devote to this special training for institutional work, for which hospitals must soon assume responsibility.

One of the main difficulties in doing this is the plan of employing so largely volunteer lecturers. To control the nursing course under such conditions in most schools is practically impossible. Dr. A. is an enthusiast along one line, Dr. B. on another; Drs. C., D., E., and so on down through the alphabet, all are equally sure that the subject in which they are especially interested is the most important in the curriculum, and that a nurse cannot know too much about it. Each injects a certain amount of superfluous matter into the classes. Quite often the matter given is away over the heads of the nurses. Quite often the superintendent of the school herself has given little thought as to what such lectures should

consist of. The topics are announced and the different doctors are allowed, or expected, to develop these any way they choose, so long as they fill in the time allotted. In some schools probably most schools, not one meeting of these numerous medical lecturers is held in a year. How is any man to know whether he is or is not repeating or overlapping? In the college which I attended it was customary to hold a faculty meeting every week to discuss the work of the school and plan together for its improvement. Some such idea would be worth considering in hospital schools. Under such conditions in hospitals this excess of medical instruction has developed of which so many are complaining, and which is seriously interfering with thorough training along other practical lines. If the number of medical lecturers in each school were reduced to two or three and those men were paid to do the work from year to year, a systematic plan would soon be developed for giving only the essential instruction. We would have less overlapping, fewer wild excursions into medical fields, fewer classes, better lessons and a greatly lightened burden. There would then be plenty of time to train nurses to fill institutional positions if they were willing to remain a third year. Such a course should be as separate and distinct from the general nursing course as the public school course is distinct from the high school course, and I believe it should be dignified by a special certificate.

The time surely must soon come when we shall see the absurdity and impossibility of attempting to force a little thirty-bed hospital in a mining district or a country town, or anywhere, to measure up to precisely the same educational responsibilities as the Boston City Hospital or the Massachusetts General.

The time surely must soon come when we will admit that up to a certain point the small hospitals can give a training that is excellent and satisfactory, that can be completed in two years, or thereabouts, and their inability to go beyond that point. The time surely must soon come when we will be willing to believe that where more has been given in the way of hospital facilities more educational work should be undertaken; when we will admit that the teaching of the essentials of nursing is only completing the first grade in nursing education; when we will see the needs and possibilities in hospital education that lie beyond the primary stage; when we shall work out an advanced course complete in itself; a separate opportunity or responsibility for the larger hospitals not only to help themselves, but to help the new or struggling smaller hospitals all over this American continent, to give an impetus to improvement in hospital methods everywhere.

Would the nurse stay for this training if it were optional? If it were made thorough and practical and valuable she would stay, but not otherwise. Why should she? If she didn't have anything more to show for three years' work than for two she probably wouldn't care to stay if she had any choice in the matter. Would you, if you were in her place? The very least we ought to do is to give special credit for additional time spent on special training. If a special certificate stating that she had taken this course in institutional work were given her, and with it a fairly liberal monthly allowance in the third year, the nurses who were ambitious regarding institutional work would stay. If it were arranged that each nurse received, besides thorough instruction in the theory of institutional management and government, a term of a

few weeks in the kitchen, linen room and laundry; in the main office, getting an insight into hospital bookkeeping, government of employes and methods of dealing with the public; in the office of the training school principal, learning something of the management of the school; a few weeks in the pharmacy, and as charge nurse in the wards, it would make a very valuable course, of which the best nurses would be glad to avail themselves. Older graduates of the school also would want to return, and we should soon have a corps of nurses fitted either for private nursing or institutional work. We would then have nurses who were equipped for the most efficient bedside teaching, for we must all admit that the best lessons are those the nurse learns in the wards every day. Many opportunities are allowed to go by every day in hospitals for teaching needed, valuable, practical lessons to pupils, because we have not head nurses in the wards who know how to do the work of a teacher.

Another phase of this training for institutional work is being considered at the present time. At the Chicago convention of the American Hospital Association a request signed by about twenty-five members was presented asking that a short course of hospital management be arranged for by that association to last a few weeks each year. This petition was simply the putting in concise form and giving voice to a demand that is far from being a new one, a demand that grows more and more insistent each year. The course asked for is designed to benefit particularly those who are already occupying hospital positions and who feel the need of instruction relating to many lines of hospital work. It is simply a request that an attempt be made to provide, during the Summer, an opportunity similar to that which teach-

ers, preachers, physicians, charity experts and workers in other fields have long enjoyed. It was hoped by the petitioners that experts along many lines might be secured to give instruction on methods of teaching, accounting, domestic science and dietetics—all lines touching hospital management. By this means the most obscure or inexperienced hospital worker, whether nurse or not, would have the privilege of coming in contact with the best teachers and the best in practical methods. It would not mean a university course; it would not mean a comprehensive course each year. It would mean much in inspiration and practical benefit, especially to those who have yet very much to learn.

In short, after years of study and experience in the American hospital field, it seems to me that at the present time what we most need for better hospital work is to first decide what the essentials of a nursing education really are, and after that, to plan a practical normal training course on nursing and hospital methods, a comprehensive, supplementary practical course, to be given only in post-graduate schools and large hospitals, and a short course along similar lines to be given once each year somewhere on this American continent for the benefit of those who cannot abandon regular work in hospitals for a more extended training. A normal school is nothing more nor less than a school where methods of teaching and management are taught—methods that will serve as a model for imitation—a place where teachers are trained. We need such schools just as urgently in our hospital educational field as they are needed in other lines. It will take some years to properly develop such a normal course on nursing and hospital methods, but we have enough brains and ability in our

ranks to do it if we work together for it in a practical businesslike manner. There will always be money forthcoming from somewhere to carry on such work if we admit and demonstrate the need and our ability to use the money wisely.

In closing I wish to give a couple of illustrations that may help to emphasize the need and the utter inadequacy of some present-day methods—conditions that are well known to every nurse who has given any study to the question. One of my own graduates was offered the position of superintendent of a small hospital in the West. She wrote asking my advice about her taking it. I urged her to accept it, but suggested, as she had then been some time out of hospital work, that she try to postpone the date for entering on her duties for a few months and enter some hospital to brush up and get some special training for such work. I recommended a large and well-known hospital which offered both a general nursing course and post-graduate course in several different branches. In a few weeks she was in that hospital. She had gone there primarily to get some training that would help her to better manage the new hospital to which she was going. She told me afterward that the lectures scheduled for post-graduate nurses were practically the same lessons I had given her in her probation period. The first lesson the post-graduate class got was how to give an enema. After that class several of the graduate nurses were so angry that they refused to attend any more such classes, so the classes were withdrawn. She got a chance to work as hard as she possibly could, but she got but one class in theory while she was there. Another superintendent told me she advised one of her graduates to go to the same school. This nurse had

had several years of experience as a private nurse, besides a three-year course in a large hospital. When she entered on her post-graduate course she was put under the supervision and instruction of a probationer in the school to be taught bedmaking, disinfecting thermometers and utensils and such duties in the way that hospital thought was proper. Can we not get any bigger, finer, wider conception of teaching nurses than this? Must we always stay in the primary stage in hospital teaching? Are we always to go on in this fashion? Granting that some graduate nurses may need to be taught how to give an enema properly, just as some teachers need to be taught to spell properly and some doctors need to be taught to write legibly, it doesn't any more follow that such methods of dealing with graduate nurses are any more justifiable than it would be to put a teacher who entered for a normal course to study a column of spelling, or a doctor to write prescriptions to improve his penmanship and memory. Every practical duty a nurse has to do can be arranged to be taught in a properly planned normal course. Clinical demonstrations showing how to plan for the teaching of general nursing methods, gynecologic, obstetric, ophthalmic and surgical nursing methods, can be made to cover the entire ground, and while a graduate nurse is being taught how to give bedside lessons and demonstrations to juniors she will catch on to the proper methods it is desired for her to use. The whole business will have some common sense and dignity and system and attractiveness about it then that will make it worth while to graduate nurses, and be of real benefit to the hospitals that will later employ them. When we have taught our nurses how to conduct classes, to arrange work for the pupils to the

best advantage, how to give practical bedside demonstrations, when we have given a rational, practical normal training course, we will cease to hear so frequently the time-worn complaint that good institutional nurses are hard to find.

Our hospital work grows by leaps and bounds. It will continue to grow. New hospitals in small places are multiplying rapidly. Most of these hospitals will be managed by nurses, probably, for many years to come, by nurses already trained in nursing. I am firmly convinced not only that such a course as I have attempted to outline is feasible in a large hospital school, but also that the inauguration of such a normal course on sane, practical lines, and at a nominal expense, would be a very strong factor in improving nurse training and general hospital methods. It would be a great

help toward getting the business management of new hospitals started right. It would prevent years of floundering around, all trying to blunder through their own problems in their own way. It means more to be an institutional nurse now than it did ten years ago. The public expects more of hospitals and hospital workers. The searchlight on the business management of hospitals is being applied much more frequently by a discriminating public. It will mean still more to be in hospital work as the years go by. The efficiency test is being applied to every class of work and workers. It cannot too soon be applied to our methods of educating nurses. What we need is a more careful study of how we may secure *a larger proportion of really useful work for the energy expended by both teachers and nurses in our training schools.*

DISCUSSION.

Chairman—I am very sure, from the applause which followed this paper, I voice the sentiments of all when I say that Miss Aikens has given us many valuable points and shown us our weaknesses to a very uncomfortable degree. If we can only profit by it we will have accomplished the object of our meeting. I extend the thanks of the association to Miss Aikens.

There is only one thought I wish she might have urged, and that is that the doctors themselves might be taught how to economize in hospital expenses. She has opened up to us a very practical theme. I hope we shall get a great deal of light and help from some of those who are to follow in the discussion. I regret to say that the first one who was to discuss the paper, Dr. Rowe, is not able to be present. We all know Dr. Rowe, and we regret very much that he is not able to be here.

He has a representative here, however, who has something to say, and I call upon the head of the training school of the City Hospital, Miss Drown.

Miss Drown—Mr. Chairman, I am unprepared to meet the call, not expecting to have my name presented in public. In listening to the very interesting and profitable paper read by Miss Aikens the thought has occurred to me that one reason why there are so few representatives of training schools prepared to take institutional work is the fact that so few women have had a special preparation before entering training schools.

The training of nurses is a technical work, and if a woman is to be thoroughly fitted for the more difficult branches she must have a good foundation to build upon. Hospital work has its aspects, like other professions. If the nurse wishes to become a matron of a hospital she must have acquired in previous years a

thorough knowledge of domestic duties in all the departments that pertain to a well-regulated household.

If she aspires to the control and instruction of pupils, she must have the preparation necessary before she can become a teacher, and so we might enumerate the other distinctive claims of administrative requirements. When young women wake up to this side of the question and grasp the training that is now provided for them in the hospitals, there will be no dearth in women fitted for these different vocations in the hospitals.

Dr. Washburn — This subject of tonight is one that has been of peculiar interest to me for several years. I have gone through a process of evolution in reaching my present line of thought. About three or four years ago I remember talking with the chairman of the board of trustees that it would be a fine thing to have a course in institutional management connected with Simmons College. The theory to be taught at Simmons and the practical work done in our laundry, kitchen, etc. Now I think that it takes a nurse to be superintendent of a small hospital as it takes a physician to be superintendent of a large hospital.

I remember about a year ago I was asked to make some remarks on this subject, and I felt that in the third year's course in the training school we could have special work, and the nurse could be allowed to specialize, and one should be a course in administration. Since then, after giving the matter mature deliberation I believe it would be better to have it post-graduate.

I think an assistant superintendent is of more value to us if he has been in private practice for a while and has seen that side of the work and has definitely made up his mind that he prefers insti-

tutional work. I think this would hold good in regard to the trained nurse, and I am inclined to think the post-graduate course in institutional work would perhaps be better than the special elective course in the third year.

I think Miss Aikens's remarks about the practical way that administration should be taught are right. That the nurse who has made up her mind she wants institution work should have a period of work in the office, should learn about bookkeeping, the methods of admitting patients, handling the friends of the patients, visitors, from charitable ladies down to poor men and women who come as friends of patients—all of this needs tact. It needs special knowledge, which only can be acquired by practise. She should have a term of work in the laundry, in the store house, so that she may learn how supplies are handled, the way they are bought and accounted for. She should go into the kitchen and the serving room, and also have a course in the training school in the management of the ward, and learn something about the methods of teaching in the training school. I admit, though, I have thought about this a good deal, there have been no practical results. I hope some day we shall be able to show practical results in the Massachusetts General Hospital.

Miss Dollivar, Superintendent Nurse, Massachusetts General Hospital — It seems to me that if a nurse takes a special course in institution management and then does private nursing for one, two or more years she would naturally lose a great deal of the special knowledge she had gained in the management of kitchen, laundry and various departments of an institution. I think such a course should be taken after graduation, and

preferably after one or two years of private nursing.

Dr. Mann—I was very much interested in Miss Aikens' paper, and I quite agree with her. I think there is too much technical knowledge taught the nurse, and not enough practical knowledge. It seems to be a case of one hospital following the other. You pick up a hospital prospectus and you see a long list of subjects, and a lot of what I call "rot."

I think the nurses should be taught to care for their patients and they can do that to a great extent without knowing a great deal about pathology, and Miss Aikens hits the nail on the head when she says there are too many useless branches.

I think also a nurse in training for institutional work and management has to be in a way adapted for it, and I think that other hospital men will agree with me when I say, and as Miss Aikens has also said, that it is difficult to get a capable head nurse.

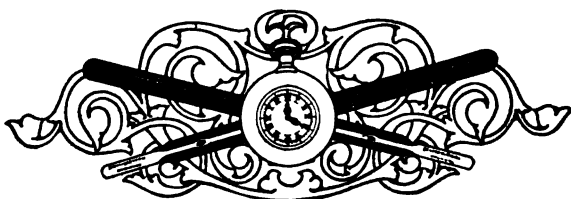
We put a senior nurse in charge for three months during her third year and try her out and then we try to make her remain. We do not offer them enough financially, however, and though we say we will give them \$35 the first year, \$40 the next and \$45 the next, they feel that

\$21 a week which they get in private nursing is a good deal larger than what the hospital pays.

I think myself we have all been delinquent in not training our nurses to a certain extent to run an institution. We give them a chance to manage a ward or a diet kitchen, but that does not give them an opportunity to know what things cost. However, I think it would be very unwise to make every pupil that graduates take a course in institutional management, because they are not all adapted to it. A certain person said to me a while ago that she did not believe she could pound neatness and economy into a woman in three years who had lived twenty-five years without it. I told her she was right.

The nurse in training has very little to do with the care of servants. To be sure, we do make them responsible for the work of the ward maids. I think there should be an elective course of from three to six months, subject to the approval of the training school head, and any nurse who wishes to take it after graduating could do so, the hospital agreeing to give them certain time in the kitchen, laundry and housekeeping department, and I, for one, would be much interested to see how many graduates would take such a course.

(To be continued.)



The College Graduate and the Training School

ANNETTE FISKE, A. M.

HOW many college graduates, I wonder, have taken up nursing as their profession. Not many I should judge. None of the other graduates of my own college have done so, so far as I know, though one was accepted for Johns Hopkins and then got married before the time came for her to enter, while another was thinking seriously of it but had a chance to teach in South Africa and decided to try that first. Of course, a college education is by no means requisite to a nurse. I have even heard it seriously maintained that it is rather a drawback. In fact, an acquaintance of mine took the trouble to write me, at the time I was meditating training, that the doctors did not want well-educated women as nurses but just women who would do as they were told, that doctors considered a fine education "objectionable" in a nurse. Well, I suppose they do wish their nurses to do as they tell them—they can hardly be blamed for that—but it does not seem to me that any amount of real education stands in the way of a nurse's carrying out orders. It rather helps her to do so, for the fact is fairly well recognized that the more one knows, the more he realizes that after all he knows very little. The doctor knows more, it is said, when he first graduates from the medical school than he does after he has been out in practice a few years. I have known a graduate of a large Boston hospital—and she did not hold an A. B. degree either—say she could have learned in two months all that she learned at her hospital in two years. I dare say she

may have been right, but in that case the fault was not with the hospital nor with excess of education on her part. Indeed, I can hardly imagine a woman of any education getting so little out of her training. Probably now and again every school may graduate such nurses but the fault lies with the nurse herself, not with her opportunities or lack of opportunities. I would not by any means say that my college education was indispensable to me in my training, but I did find it a distinct advantage.

Why do not more college graduates take up the profession of nursing? Surely no profession should appeal to the best side of human nature, especially feminine human nature, so strongly as nursing. And yet any appeal it makes to the college graduate is apparently largely vain. Why is it? There are various influences at work I suppose. Some I have felt in my own person. Family opposition, spelt large, is one very prominent deterrent. "Pshaw!" I hear some one say, "every nurse meets with that before she enters training." Yes, I think there are very few nurses who do not, but to the college graduate so many more fields seem to be open in which an honorable and comfortable living can be made, that the opposition is stronger and, in a sense, better founded. The profession of teaching upon whose followers so many nurses look with envy, engrosses the attention of the vast majority of college graduates who have their living to earn, especially since a college course is becoming a necessary part of the preparation for teaching. I came very near

being drawn into the teaching vortex myself. In fact, I did try my hand at it for a short time; but I look back now with a devout thankfulness that I did not continue in that profession.

Of course, the family opposition generally has some foundation and I suppose the usual reason for its existence is the idea that the training itself and the work after graduation are so hard, an idea most likely shared by the girl herself. We can hardly deny that nursing is hard work, but it is a curious fact that the average nurse, if in good health to start with, rather gains than loses in weight and is the better physically for her training. Personally I never felt better in my life than I did during most of my course. Naturally we all got tired, and sometimes we *thought* we were going to wear ourselves out; but somehow the time passed and we found ourselves quite well able to keep on with our work. Yes, it is hard work; but how seldom people seem to think of the benefits and pleasures it brings the nurse. What an amount of knowledge we accumulated, or were given the opportunity to accumulate, not only regarding the various sciences, the care of a room, the care of a sick person, but also as regards that very important and difficult subject, human nature. I know of no occupation that offers one such chances for studying human nature as does nursing, and every one needs all such knowledge as she can attain to. What, after all, is tact, that much desired quality, but a sympathetic understanding of human nature, and, I might add perhaps, the willingness to act in accordance with it? The study of her patients, the constant attempt to see why they think differently from what she does on certain subjects, the effort to put herself in their place and see with their

eyes, will eventually render tactful one who has been considered greatly lacking in that quality. Here is one of life's most valuable lessons laid open before the nurse, if only she will exert herself to learn it, and to learn to deal amicably and helpfully with our fellow-beings is surely worthy of great effort and will repay much hard labor. Moreover, the nurse has even greater compensations than those yet mentioned. Think of the pleasure of being able to do even a little for the sick and helpless! What, though gratitude be not forthcoming, the consciousness of having given a little comfort, of having made the weary hours pass a bit more quickly, makes the day's work seem light and life well worth living. In what other course in life can one get such real inward satisfaction as in nursing? Nowhere does one get as near to one's fellow-creatures. The patient frequently turns to the nurse for comfort and cheer as well as bodily care and the opportunities for helping humanity are well nigh boundless. There was a good foundation in fact for the old exaggerated romantic idea of nursing and it is a pity the pendulum has swung so far in the opposite direction that this side now seems almost wholly lost sight of.

Why, then, we may ask once more, do so few college graduates enter so high a calling? Miss Charlotte A. Aikens pointed out a while ago in a paper in the *National Hospital Record* the disadvantages of various occupations which the discontented folk who have been criticising the treatment of nurses might consider better livelihoods than nursing, and I suppose that the college graduates, like the discontented nurses, though for better reasons, are under the same delusion that nursing is an exceptionally trying occupation.

Still, there is one drawback about nursing, the one distinctive trait that sets it apart from any other business or profession that I know of, which in my opinion deters many women, whether college graduates or not, from entering the training schools. This drawback—a far greater one in the eyes of a woman than of a man—is the fact that the nurse has to give up her home. She has to give up her home and practically all her time during training, and after graduation also, if she takes up institutional or private work. What free hours she has are brief and rather uncertain. In district work and in some of the newer branches of nursing, such as nursing in the schools, she may be able to live at home, though that is often impossible, and her hours of duty are usually rather more definite, but in no field can she arrange her own time to any extent. In these days of independence such a state of affairs does not appeal to the average woman. She does not wish to be tied too closely. The teacher is only tied down for five or six hours a day. She may work as hard as the nurse, she may get less pay, but she has more freedom in arranging her work, and many nurses envy her her independence. That is the side of teaching which appeals to a great many. It is the same feeling that induces girls to stand all day behind a counter, earning barely enough for room and board, rather than live out as maids where they will have a comfortable home and good wages besides. Is it not this longing for independence that makes discontented nurses think other occupations preferable to nursing? It seems to me that this peculiarity of nursing is an important factor in many of the larger nursing

problems, the discontent and criticism on the part of nurses, the lack of probationers, the question of charge in private work.

There is a constant plea for a better class of women to enter the profession of nursing, and of course that is one of the requisites for raising the profession. As I have said, it is not at all necessary that these be college graduates. In fact, many think that if a college graduate is going to spend so much extra time on such a branch she had better go a little further and become a doctor. But it does seem as if the field of nursing should be sufficiently attractive to the average college woman to draw her more often into entering it than she does at present. It seems as if nursing were not even considered by her as a rule, and it also seems as if its lack of attractiveness might be largely due to the glare of publicity given to its hard, perhaps sordid side, by overmuch petty criticism, to the utter oblivion of its noble and inspiring ideals. Without its beauties as a lure what wonder if the sacrifice of individual liberty and the hard work makes nursing seem scarcely worth consideration. I would not recommend any and every college graduate to take up nursing as a profession, of course, any more than I would urge them all to become lawyers, but I should like to see more of them turn in that direction. Moreover, I should like to see every hard working college student, every so-called "grind," spend at least one year in a training school. I do not believe she would ever regret it. At any rate, I am sure that her horizon would broaden out and that a new breath of life would transfuse her books, as it would her soul.

The State of Pennsylvania Against Tuberculosis

MABEL JACQUES,

City Tuberculosis Nurse, Philadelphia, Pa.

ARTICLE I.

IT seems only fitting that Pennsylvania, with its beautiful mountains and hills, its noble forests and well-cultivated farms, should be taking the lead in tuberculosis work in the United States.

The appropriation by the State Legislature of 1907 of \$1,000,000 for helping on the fight against tuberculosis has, of course, given the State Department of Health the means of carrying on, quite extensively, the work begun by the Henry Phipps Institute and the White Haven Sanitarium for the poor consumptives. The latter institution has been enlarged to accommodate 200 patients, including 100 free beds. In addition to this, a camp which will accommodate 100 patients for the present, and many more than that in the near future, has been started at Mount Alto in the Blue Ridge Mountains. Another State sanitarium will, I believe, shortly be opened in the western part of the State. All these sanitariums take only incipient cases, but many of the larger cities have special hospitals where the more advanced cases may be treated and cared for.

The Henry Phipps Institute of Philadelphia might be mentioned as one of the above, treating hundreds of cases yearly. Many of the patients treated here show marked improvement, and despite the disadvantages of an old building—which is soon to be replaced by a fine large one—the results are most encouraging. The bacteriological work of this institute is probably the most progressive in this line of any being carried on in the country.

Of course, even with these institutions, there is not half enough room to accommodate all the cases of tuberculosis in the State that are under medical care, not to mention the hundreds that never receive treatment. Consequently in order to reach these people, who cannot or will not enter the sanitarium, the State has established a series of Country Dispensaries, of which there are at present 67, all in good running order, and treating on an average over 3,000 patients monthly.

These dispensaries are located sometimes in the cities and sometimes in country towns, the idea being to have them placed in a locality most convenient to people in all parts of the county. Each dispensary is under the care of a physician, well experienced in the treatment of pulmonary tuberculosis. In some of the counties one or more visiting nurses are connected with the work. The patients are carefully examined and instructed regarding personal hygiene, diet, open air treatment and general mode of living for the tubercular. When necessary, milk and eggs are furnished free of charge.

The work of the Pennsylvania Society for the Prevention of Tuberculosis should really come first in this category, for it has been largely through the untiring efforts of this society, the oldest one of its kind in the country, that the State Department of Health, as well as the local departments, have become so active in the campaign.

The society is supported wholly by

voluntary contributions, receiving no State appropriation. Its purpose is mainly educational, co-operating with other organizations when necessary. Under its supervision a Bureau of Information for the benefit of patients, physicians and institutions has been started. An Employment Bureau where convalescent patients may be helped to obtain suitable employment is also being organized. An educational campaign by means of co-operation with churches, schools, factories, labor unions, etc., has been vigorously carried on, as well as the forming of tuberculosis classes in the hospital dispensaries and various churches, whereby patients living at home may receive modern sanitarium treatment. In addition to all this work, the society has, during the past year, organized a Tuberculosis Exhibit, which has been used as a centre of preventive work in the different cities that it has visited.

This is only a small amount of the work that the society has accomplished. Hundreds of instructive lectures have been given in churches, factories, before labor unions and in connection with the exhibit thousands of instructive circulars have been distributed, forming a widespread educational campaign.

Besides the State Dispensaries already spoken of, most of the hospitals now have special Tuberculosis Dispensaries, where the patients are furnished with sanitary supplies, and followed up in their homes by a nurse connected with the hospital.

Most of the visiting nurses societies of the various cities are carrying on tuberculosis work, some on an extensive plan and others merely in connection with their general district work.

Many of the charitable organizations are furnishing milk and eggs to those in need, and many special hospitals, both private and free, are being established.

Philadelphia, the principal centre of the tuberculosis activity of the State, as well, practically of the country, has many different branches of this work.

The Henry Phipps Institute, already mentioned; the Rush Hospital, with its city and country branch, the Lucien Moss Home, in connection with the Jewish Hospital; the Chestnut Hill Sanitarium, under the Protestant Episcopal City Mission; eight special dispensaries at various different hospitals, the State Dispensary, the special instructive and nursing work of the Visiting Nurse Society, the carrying on of tuberculosis classes in two churches in co-operation with the Pennsylvania Society for the Prevention of Tuberculosis and the Visiting Nurse Society.

The Central and Western parts of the State are not allowing the East to leave them far behind. Pittsburg and Harrisburg are being well advanced in the crusade. Pottsville, Allentown, Easton, Oxford, Lancaster, Doylestown, Chester and many of the smaller cities and towns are starting active work. From all over the State reports are constantly coming in of new work that is organizing. The best physicians are taking the lead, devoting their lives almost constantly to the campaign which in time is to rid our country of this dreaded disease.

Graduate nurses of the Pennsylvania hospitals are taking an active part in the crusade, many of them giving up their lucrative private practice to accept positions on limited salaries under the various branches of tuberculosis work.

The Case Against the Hospital

AN OBSERVER.

I HAVE read with much interest the address of Miss Addams containing her views of hospital work among the poor, and also the criticisms that have appeared in different magazines concerning the crime of nurses "folding sheets" when they ought to have been attending the patients.

The nurse who cited in the August Trained Nurse her experience as a patient in one of Maine's best private hospitals, when her bell was not answered, though she rang again and again, and the reply of the night nurse to her that "the linen closet must be put in order first," prompts me, at last, to reply.

I admit all the charges—the folding of the sheets and the failure to answer the bell, but I am bound to say that there are excellent reasons for doubting whether that night nurse was absolutely required by the hospital to put the linen closet in order at that particular moment, whether the patients were attended to or not. The question of how to get some nurses to answer their bells promptly has been one of the most perplexing parts of my training school management. I have talked to the nurses again and again regarding failure at that point, and the possible results, and finally was obliged to make a rule punishing with suspension for a period varying from a week to a month, the nurse who failed in this respect without good reason.

To be perfectly frank, I believe that Miss Addams would find that very few hospitals, comparatively, have such exacting regulations regarding the folding of sheets, or that they regard the comfort of the patient as secondary to the

appearance of the linen closet and ward. I feel quite sure that while there undoubtedly exists ground for her criticism, yet they cannot be applied to hospitals in general without doing grave injustice. The class of people with whom settlement workers deal are usually those in the lower walks of life—though not always. These are the people who fill the beds in the great charity hospitals of our cities, where mechanical nursing seems inevitable, where the thousand and one little attentions practiced in smaller hospitals for the comfort of the individual cannot well be or are not carried on in these large wards. I do not believe those criticisms are true of the medium-sized or small hospitals generally.

There are few, if any, hospitals that approach perfection. Some are much nearer it than others. But so long as we have to depend for the care of the sick on human beings, persons "a little lower than the angels," just so long will cause for complaint arise in the best and most carefully and wisely managed institution. Nurses, in common with other human beings, do get tired. Some of them get careless; some of them lack greatly the keenness of perception, the sound judgment we might wish them to use regarding the management of their work. Some of them have favorites among patients. All nurses do not prove trustworthy regarding a great many things. A great many things are done and left undone by nurses in hospitals which are detrimental to the institution, but it is exceedingly unfair to imply that the hospital regulations require it. In

short, nurses are human and subject to all the frailties and errors in judgment of other human beings, but please, gentle critics, do not blame the spirit of the hospital, or its regulations, or its superintendent for all the shortcomings that may arise. I have an acute recollection of an incident which caused me no little trouble, which illustrates this point. A private patient for some time had had a special nurse after some surgical operation. She was a most exacting patient, demanding something done incessantly. When she gave up the special nurse, she continued to demand just the same amount of attention as before. One day she rang for a drink and there was no reply. The rings were repeated, but the nurse did not come. She began to cry. Her husband came in at that moment and, finding her in tears, rushed off, not to find a nurse, not to report the neglect at the office, but away to the doctor's office. The doctor was out, so he wrote out a lengthy complaint against the hospital and left it. From there, having found no place in which he might still give vent to his wrath sufficiently, he proceeded to the office of the president of the board. He burst in on this functionary in the midst of his busiest hours as president of an insurance company, and there he related his story. It seemed a pretty bad case and the president called up several of the members of the executive committee, one of whom offered to call at the hospital and investigate that very day. Shortly after the irate husband had left the hospital the patient's mother came and found the patient crying. She had the good sense to come at once to the office and enter her complaint. There were two nurses on duty in that hall, with five patients between

them, none of them seriously ill. One nurse was setting trays in the ward diet kitchen. The other was supposed to answer all the bells, but did not. The secret was that the one who should have answered the bell had gotten very tired of the patient's incessant and petty demands and had taken a dislike to caring for her. There was positively no excuse for the neglect.

I would like to ask the gentle critics how one can anticipate such occurrences, and prevent them, or what is the best thing to do when they do occur.

There are times when, in spite of all I can do, things will go wrong; nurses fail to satisfy patients and the hospital spirit is grossly misrepresented and misjudged. I take a crumb of comfort in considering that such things happen in other lines of work. I was talking with the head of a department of a large department store one day, when a complaint arrived from some indignant customer. He excused himself for a few minutes to see about it, and when he came back I remarked, "And so things sometimes go wrong in your establishment as well as in mine?" "Wrong?" he replied; "I should say they do. You have such an advantage over us, for you get a superior class of young women and then you can train them." He thought it was so easy to keep things running smoothly in my establishment, and I thought the same about his.

Perfection of service is rarely found in any line of work, for wherever we go, to stores, to hotels, on trains, in church or state or home, the machinery is bound to fail at some point—not because we do not try to satisfy, but because those who serve and those who receive service from others are human.

Nursing in Convalescence

MINNIE GENEVIEVE MORSE.

LITTLE is said in lectures to nurses and in the books written for their study of the special qualifications needed by the nurse who remains with a patient through the period of convalescence; it is taken for granted that she who can bring the patient safely through the time of greatest danger will have no difficulty in fulfilling all the requirements of the days to come after. And as far as professional skill is concerned this is unquestionably true.

Yet experience proves that the convalescent period may be the most trying part of the case. The nurse is often tired after weeks of desperate fighting, loss of sleep and intense nerve strain, and when the danger is over and there is no longer the excitement to sustain her, interest is apt to flag, small annoyances seem magnified and the difficulty of maintaining the ideal attitude of serenity combined with strength and alertness is greatly increased. The patient, too, may forget gratitude for returning life in impatience at her limitations and be much harder to manage. Though requiring daily less in the way of treatment, she is yet thrown very largely upon the nurse for companionship, and this is especially true in cases where there must be a long quarantine. Under such conditions happy is the nurse who, besides her professional training, has those qualities which make her an agreeable and entertaining companion, for at this time the knowledge gained in the lecture room and at the operating table will avail her more if supplemented by a good general education, tact and ease in associating with people of all sorts, and the little woman-

ly, home-making ways that make for comfort in a household disorganized by illness.

Nurses are often warned not to talk too much, but the greater the range of subjects on which they can talk understandingly and well, when occasion arises, the better they are qualified as companions in the days of convalescence. The more a nurse mingles with intelligent, thinking people, in her time of leisure, the more she keeps up with the times by means of newspapers, magazines, books on varied subjects, reports from the theatrical and artistic world, the more interests she has aside from her profession, the easier it will be for her to find common ground with her patients and to amuse and interest them. The less talk of illness there is in the convalescent's room the better, and sad or tragic stories should be rigidly excluded. The atmosphere about the patient should be one of hope and optimism, and conversation in her presence should be bright, amusing and entertaining, never depressing, discouraging or too exciting.

Quite as important as that she should be an agreeable conversationalist is it that the nurse caring for a convalescent patient should be able to read aloud well, for the majority of invalids are fond of listening to reading, when it is well done. Reading aloud well does not mean having the theatrical style of the professional reader, but reading in a clear, simple, natural manner, with a careful but not labored pronunciation, rendering the author's words as nearly as possible as if they were one's own. In reading fiction, putting one's self mentally in the place

of the various speakers aids in the interpretation. Reading too fast, careless pronunciation, pitching the voice too high, a monotonous or expressionless tone, and running the words together are some of the most common faults of inexperienced readers.

If the selection of what is to be read is left to the nurse she will find a knowledge of authors, their books and their style a great help in making satisfactory selections. As a rule, a patient will desire either the daily paper, a magazine story, or the last new novel. It must be remembered, however, that anything depressing or too exciting may have a very bad effect upon an invalid, and neither the horrible accounts of accidents, murders, and suicides in the daily papers, morbid or pathological stories, nor harrowing tales of adventure are desirable mental diet for her. Nor should anything be read to her that will require her tired brain to make too great an effort in comprehending it. Bright, well-written short stories make ideal sick-room reading, as one can be finished at a sitting. Next best is an entertaining novel; one that is neither a problem story, trashy and unnatural, nor so sensational as to keep the listener awake at night anticipating the denouement. Attractive biographies and books of travel, of which so many are published in these days, will sometimes interest when stories begin to pall, and when a patient is sent to the country or is able to spend many hours out of doors books dealing with nature, such as stories of plant-life, trees, birds or butterflies, will sometimes open up an entirely new field of entertainment.

The ability to write a good letter to a person she has never seen—a letter clear, well expressed and to the point, yet tactful and cordial—will often prove of use

to the nurse whose patient desires to communicate with her friends, yet dreads the exertion of dictation. Letter-writing is an art well worth the cultivation of every nurse. This is also true of the ability to write a clear and legible hand.

A knowledge of and cordial liking for games is often of value to the nurse in convalescent cases, when time goes slowly and a quiet amusement is desired. The simpler games of cards, checkers, halma, dominoes, backgammon, "substitute golf," and the many similar games, will help to pass many a weary hour very pleasantly. Chess is hardly a sick-room game, as it requires considerable mental exertion; games in which chance plays a greater part than skill are the most desirable.

If a nurse is fond of fancy work she will do well to learn a little about the new forms of it that are continually appearing, for a fancy-work-loving patient is apt to demand her embroidery or her knitting bag at the earliest possible moment, and she will have a warm appreciation of the nurse who can show her something new in her favorite kind of work. Knitting and crocheting are better forms of fancy work for an invalid than embroidery or other fine needlework, as they do not put such a strain upon the eyes and nerves. Plain knitting has often been said to be soothing to the nerves.

As the convalescent is often ordered away from home for change of air and scene, under the nurse's care, under such circumstances she will greatly appreciate it if the nurse can pack trunks and bags in a careful, compact and orderly manner, so that the contents will arrive in good condition, and so that she will know exactly where to find everything when it is wanted. As the travelling arrange-

ments are often left in the nurse's hands she needs to be familiar with the details of checking and transferring luggage, securing seats, berths or staterooms and engaging hotel accommodations; also, thoroughly acquainted with the use of railway maps and time-tables.

It is in the convalescent period, rather than the time of acute illness, that the nurse can make the greatest use of her diet kitchen training. When the "convalescent appetite" appears, without normal powers of digestion, there is need for a generous and varied menu of appetizing and nourishing but easily digested food. A nurse will be well paid for a careful study of one of the excellent books on dietetics and cookery for invalids, for it is sometimes quite an art to supply with a sufficient quantity and variety of food a patient who dislikes or is unable to digest certain articles which ordinarily form an important part of the menu, yet who now, on account of the unusual tissue waste from disease, requires an especial amount of building up. The way in which food is served, too, means more to the convalescent than to the patient who is too ill to pay much attention to it. With a carefully set tray, pretty china and glass and silver, and perhaps a little vase of flowers, the simplest meal may be made a delight to the eye.

Entertaining convalescent children is quite an art in itself. Nurses who expect to make a specialty of caring for children sometimes take a brief course in kindergarten work, and certainly such knowledge is a valuable asset. Quiet

games that do not call for too much exertion, paper-doll plays, the ever-delightful "cutting out" of pictures or fashion-book people, making scrap-books for children's hospitals, and simple knitting or crocheting all help to amuse the little folk. Almost all children enjoy being read to, but care must be taken not to select stories that will depress the child, or so excite him as to keep him awake at night or cause unpleasant dreams. It is an abnormal child indeed who does not delight in listening to story-telling or bright little songs at bedtime, and the nurse who is much with children will do well to treasure up all such material that comes in her way. Being used to children and having a sincere love for them makes one's work much easier, as even very little children seem to know instinctively who their real friends are and to be more easily controlled by them.

Character and personality never count for more than during a long convalescence, where nurse and patient come to have such intimate knowledge of each other. The nurse who resists all the influences which tend to make her grow hard and unfeeling and machine-like and without sentimentality or a tendency to hysterical friendships with her patients, retains a warm interest in her fellow-men, a genuine compassion for all suffering, and an ability to enter into the lives of others with real sympathy and desire for helpfulness, is the one who will be longest and most warmly remembered in the households where her presence has been a help and comfort.

The Care of the Eyes*

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I HAVE often been asked why so many more people wear glasses now than formerly. There are several reasons for this.

The first is that more people earn their living by work which strains the eyes, such as stenography, bookkeeping, sewing, etc.

A girl will work the typewriter, or sew all day, and after a hasty meal will read her favorite novel until far into the night and will wonder why her eyes bother her. Or her brother will work at his books all day, dress and go out to a party every night in the week, get about four hours sleep, and he will wonder why his eyes are weak.

The eyes are extremely delicate, and unless they have sufficient rest permanent injury will sooner or later result.

Reading on the cars is another modern habit which causes trouble. In order to read, the eyes must adjust themselves for the distance at which the type is held. The jolting of the cars causes a frequent change of this distance, requiring the eyes to adjust themselves accordingly, and this produces a severe strain upon them.

Kindergartens are a common source of trouble, especially when children are required to do work which must be held too close to the eyes. The intellectual value of these institutions cannot be denied, but they are undoubtedly often injurious, as they require the eyes to do work for which they are not yet prepared, and many cases of nearsighted-

ness and strabismus (crosseye) are aggravated, and sometimes even caused by work at these institutions.

Another reason why so many people wear glasses is that although so little attention is paid to the *prevention* of eye troubles, great care is taken to relieve and cure them. Many cases of headache which were formerly attributed to stomach trouble, biliousness, neuralgia, etc., and were drugged indefinitely, were really due to defects of the eye, and are now cured by the wearing of proper glasses.

Strabismus, or cross-eye, can often be cured by the wearing of proper glasses, provided it be treated in time. However, their value is sometimes exaggerated, and some oculists and opticians seem to think that they will cure anything from freckles to consumption.

These are the reasons why so many glasses are worn, but before taking up the defects which these conditions cause or increase, a few words must be said about the anatomy of the eye.

The eyeball consists of three coats, the sclerotic, the choroid, and the retina. The sclerotic is the outermost, and forms the white of the eye. Its function is to give shape and protection to the eye.

In front is a transparent membrane called the cornea. The choroid is the second layer, and consists of three parts—the choroid proper, the ciliary body and the iris. It contains the blood vessels which nourish the eye. The choroid also contains coloring matter so as to ab-

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sorb the light, and the iris (the only part of it that can be seen from the outside) gives to the eye its color, gray, blue, brown, etc.

The ciliary body contains the ciliary muscle, whose function it is to regulate the convexity of the crystalline lens. The iris acts as a curtain which regulates the amount of light which enters the eye through its opening, the pupil. The size of this opening depends on various conditions. It is small when the light is strong, so that too much light may not enter the eye, and it is large when the light is dim, so that as much light may enter the eye as possible. It is also affected by various diseases, and a number of drugs, either taken internally or dropped in the eye—belladonna and cocaine make the pupil large, and morphine makes it small.

The retina is the innermost layer and is a continuation of the optic nerve, or nerve of sight. On it the rays of light are focused, and the sensation transmitted along the optic nerve to the brain.

The crystalline lens has the same power as any other convex lens (which is to focus rays of light), excepting that it is soft, and has the power of becoming more or less convex.

In old age the crystalline lens gradually becomes harder, and finally is no longer able to change its shape, and as a result the eye cannot now adjust itself for small objects.

In front of the crystalline lens the eye is filled with a transparent fluid called the "aqueous humor." Behind it is filled with a transparent, jelly-like substance called the "vitreous humor."

Technical terms used for the different conditions of the sight:

1. Emmetropia—Perfect sight (eye proper shape).

2. Hyperopia — Farsightedness (eye too short).

3. Myopia—Nearsightedness (eye too long).

4. Astigmatism—(Unevenness in surface).

a. Simple Hyperopic (or farsighted) astigmatism.

b. Simple Myopic (or nearsighted) astigmatism.

c. Compound Hyperopic (or farsighted) astigmatism.

d. Compound Myopic (or nearsighted) astigmatism.

e. Mixed astigmatism.

5. Presbyopia—Old sight (loss of adjusting power of crystalline lens).

If the eye is of correct shape rays of light will be properly focused on the retina, and perfect sight will result. However, if we were to examine a large number of eyes we would find the normal or emmetropic eye to be by far the fewest, but in most cases the defect is so slight, that unless the eyes are strained by too much nearwork they cause no trouble. These defects are of three kinds—(1) farsightedness, or hyperopia, (2) nearsightedness, or myopia, and (3) astigmatism.

Farsightedness or hyperopia (if we include those cases of farsightedness where there is also a slight degree of astigmatism) is the most common defect. The term "farsightedness" is really incorrect, for in the higher degrees the person may see indistinctly even at a distance.

Ordinarily, however, the patient sees clearly far off but is unable to do nearwork for any length of time. The eyes tire easily, they itch and burn, the letters and words become blurred and seem to run together. Work by artificial light makes them worse. If nearwork

is continued, headache, pain in the eyes and forehead generally appear.

In severe cases the pain shoots from the top to the back of the head. In nervous persons attacks of dizziness or nausea sometimes occur. Work which requires a constant change of focus, such as piano playing or typewriting, is especially irritating to these eyes.

The severity of symptoms does not depend on the amount of the defect, for slight degrees of farsightedness in weak or nervous persons cause much more trouble than much greater degrees in strong people.

Persons who are recovering from some severe disease, such as typhoid fever, etc., often have trouble because of a slight amount of farsightedness which does not annoy them at all when they are in good health. Stytes sometimes occur as a result of this condition, and often scaliness of the edges of the lids, the so-called "granular eyelids" is present. This, however, is not the true granular eyelids, which is an entirely different condition on the inside of the lids, and is contagious, while that due to farsightedness, of course, is not.

The treatment of farsightedness is the wearing of proper glasses, if necessary, and the regulation of the amount of nearwork.

If the farsightedness causes no trouble (which is often the case), nothing need be done. If the trouble is slight, glasses may be worn for nearwork only; in severe cases they must be worn constantly.

The care of the eyes otherwise is the same as in nearsightedness, which is much more serious, and will, therefore, be discussed under that heading.

Nearsightedness or myopia is by far the most dangerous of the three defects.

Nearsighted people are unable to see clearly at a distance, but see very well near at hand. Children at school will say that they cannot see the writing on the blackboard, although they may read the finest print with ease. It must not be thought that only those eyes are nearsighted where objects must be held very close to the eye, for this occurs only in extremely bad cases. A special variety of nearsightedness is the "progressive" or "malignant" type. In these cases there is a weakness of the coats of the eye; these stretch, and the eye becomes more and more nearsighted, until, perhaps, serious changes take place, and the sight is lost. These cases are generally hereditary or developed by some weakening disease, such as typhoid fever, smallpox, etc., or they may result from neglect of lower degrees.

Children are seldom born nearsighted, in fact, they are generally born farsighted, but they may inherit a tendency which develops into nearsightedness because the eyes are strained by too much or too early nearwork. Prof. Ball, of St. Louis, says that if all children were kept out of school until they were eight years of age, nearsightedness would rapidly disappear.

The development of this disease is well shown in the report of examinations made of a large number of school children in Germany.

In the lower grades the percentage of nearsightedness was 1.4 (one child out of every seventy-one)—this number rapidly increased until in the universities the percentage was 59.5—that is, considerably more than one-half were nearsighted.

Nearsightedness is not nearly as common in this country as in Europe, especially in Germany. The reasons are:

1. Much more attention is paid to outdoor exercise in this country.

2. More care is taken of the eyes by us.

3. German type is very injurious to the eyes. This last fact is so well recognized that the use of these letters is rapidly being superseded by the Roman, many of the textbooks already using this type.

People in the country are not nearly as often nearsighted as those living in the city, because of the greater amount of nearwork required in city life.

Nearsightedness is a condition which to a large extent can be prevented, or at least, checked. As it generally develops in childhood, it is at this period that we should endeavor to prevent the disease.

Children should not be sent to school too early—not before six years of age. On recovering from some severe acute disease they should not be immediately required to do the same amount of nearwork as those in good health. In weak children nearsightedness is far more apt to occur or increase than in those who have perfect health.

Proper attention should be paid to illumination at school; there should be a northern exposure, and the light should, if possible, come from in back and over the pupil's left shoulder.

Desks should be so made that stooping over is not required, and the body should be erect. Textbooks should be printed on unglazed paper, and the type must be of sufficient size. Vertical script has been found to be least injurious to the eyes.

In early childhood instruction should be oral as much as possible, and school work should be so arranged that too much continuous nearwork is not required. This can be done by alternating

the oral and written work. Children should have as much outdoor exercise as possible.

If nearsightedness does develop, glasses must be worn, although this is by no means all that is required. These must be worn constantly. It has been found that when the proper glasses are worn, nearsightedness generally stops where it is, sometimes even becomes less, and in the remainder the rapidity of increase at least is checked.

If they are not worn the eyes generally become more and more nearsighted, until in old age bursting of bloodvessels and other severe changes may take place, which result in partial or complete blindness.

A farsighted eye is annoying; a nearsighted eye is dangerous. Glasses in farsightedness are often a luxury, in nearsightedness they are an absolute necessity.

As these children see poorly at a distance, but well at close at hand, they do not care for outdoor exercise, but are fond of reading, the very thing which they must avoid, for this only increases the trouble. The head is generally bent over and the flow of blood to the eyes, therefore, increased. As there is already in these cases a tendency to bursting of bloodvessels, any increased pressure is dangerous.

Nearwork must be restricted, especially by artificial light, and work held as far as possible from the eyes. Small print, fine needlework, embroidery, etc., must be prohibited. The work should be interrupted at frequent intervals while the person rests the eyes by looking at a distance. In the rapidly progressive type it may be necessary to stop nearwork entirely for quite a while. Persons who have a high degree of nearsightedness should consider this when selecting their

occupation, and should avoid work which requires too great a strain on the eye.

Astigmatism is an unevenness in the surface of the cornea or crystalline lens, usually of the cornea, so that the different parts of it do not have the same power, and as a result the rays of light are not focused on one point. A slight amount of astigmatism is present in almost every eye, but this generally causes no trouble.

There are five varieties of astigmatism:

1. Simple farsighted astigmatism, where part of eye is normal and part farsighted.

2. Simple nearsighted astigmatism, where part of eye is normal and part is nearsighted.

3. Compound farsighted astigmatism, where the entire eye is farsighted, but not to the same amount.

4. Compound nearsighted astigmatism, where the entire eye is nearsighted but not to the same amount.

5. Mixed astigmatism, where part of the eye is nearsighted and part farsighted.

In most cases astigmatism is an inborn condition, but it may also be caused by any disease which changes the shape of the eye.

The symptoms of astigmatism in the lower degrees are the same as those described under farsightedness—headache, inability to do nearwork, etc. In the higher degrees there is in addition poor vision.

The head is often turned to one side, the patient saying that he can see better in that position. The treatment for astigmatism, if it causes trouble, is the wearing of proper glasses.

These should be worn constantly.

Old sight (failing sight) or Presbyopia is a natural condition caused by the fact that in old age the crystalline lens gradually becomes harder, and, therefore, is

no longer able to change its shape and thereby adjust itself for small objects. In order to take the place of this loss of power, glasses must be used. If this hardening process continues too far, the crystalline lens loses its transparency and no longer allows the light to pass through it. This condition is called a cataract. Spots on the outside of the eye are often called cataracts, but this is incorrect, for a cataract is a loss of transparency only of the crystalline lens.

The treatment of cataract is the removal of the now more than useless lens, and the substitution of a glass lens on the outside of the eye. "Second sight" is a condition which may occur in the very beginning of a cataract and is due to the fact that at first the crystalline lens may act more powerfully than before. As this occurs in very old people, who are usually delighted to think that their sight is returning, it is unnecessary to spoil their pleasure by telling them that they have a beginning cataract, for it often grows very slowly, and it is quite possible that it will never get a chance to become ripe.

Cross-eye or strabismus is due to weakness of one or more of the muscles which move the eye, so that it is pulled away from proper position. Double vision may occur at first because the two eyes do not work in harmony, but later the person learns to neglect the image received by the eye which requires the greatest strain in order to see. As a result, the sight in this eye becomes still worse, and in old cases of crosseye, is usually very bad.

As cross-eye is generally due to defects of sight, glasses should be tried, and this is often sufficient if they are used early enough. If they do not accomplish the purpose, an operation must be performed. This is done either by cutting the muscle which pulls too much (the usual method),

or by shortening the one which does not pull enough. Afterwards glasses must be worn, otherwise the operation may be of little value.

In regard to accidents, two classes must be mentioned:

1. Objects in the eye, technically called "foreign bodies."

2. Injuries to the eye with forks, etc.

Objects in the eye may be (1) on the lids; (2) on the eyeball; (3) on the inside of the eye.

If the object be on the lower lid, it will probably be washed out by the tears; if on the upper, the lid should be turned over, and the object removed with cotton on a toothpick or a soft white handkerchief. If it be on the eyeball, not deeply situated, it may be removed with cotton on a toothpick. If deeply seated, cocaine must be used, and the object picked out with an instrument made for the purpose.

This should be done only by skilled hands.

Foreign bodies on the inside of the eye are of two kinds:

1. Magnetic—such as iron or steel.

2. Non-magnetic—such as wood, etc.

Magnetic objects are removed with the electro-magnet. Non-magnetic objects are removed with forceps. As a rule, an X-ray picture is necessary in order to know the exact position of the foreign body.

It would seem unnecessary to say that mothers should not allow children to play with forks, but when we consider the frequency with which the eyes are injured with them, we realize that this advice is by no means superfluous. The fork has generally been in the child's mouth or on the floor, and is covered with germs. These are introduced directly

into the eye, where they grow rapidly and may cause the eye to be lost.

Alcohol and tobacco in excess are injurious to the eyes.

Wood alcohol, which is often put in cheap whiskies, is especially dangerous, and many cases of total and incurable blindness have been caused by its use. Old people often become very susceptible to tobacco and a partial loss of sight called "tobacco blindness," is quite common among them. Fortunately, however, this condition, unless too far gone, is generally curable.

Excessive indulgence in candy or other sweets is injurious to the eyes of children, as it is apt to cause ulcers on the eye.

I have noticed that these are especially common about Christmas, when children are allowed to give almost full sway to their appetites.

Persons should never use the same basins or towels as strangers, for several contagious eye diseases, such as true granular eyelids, are spread in this manner.

No artificial light equals daylight, but there are several very good substitutes. The illumination should be of sufficient strength, but yet should not be too strong. Light reflected from water or snow is often very irritating, and in Switzerland snow blindness, caused by the glare of the snow, is quite common. This can easily be avoided by wearing smoked glasses if thus exposed.

Of the three methods of lighting (kerosene, electricity and gas), kerosene, although inconvenient, is probably the least injurious to the eyes, provided the modern high-grade lamps are used.

It, however, has the disadvantage of giving out heat, and making the atmosphere impure.

Electricity is valuable, but if intended for constant use, the loop should be covered with ground glass, for otherwise it is very irritating to the eyes. The arc light should not be used for constant nearwork, for it is too powerful and too irritating.

Gas may be used, provided the improved burners are used, for, with the old method, the light is yellow, dim and flickering.

Gas, however, even with the modern improvements, has the same disadvantage as kerosene—that of giving out heat and making the atmosphere impure.

The light should come from over the person's left shoulder, otherwise shadows will be formed by the head, shoulders or the hand.

The person should always sit erect, and the head should never be bent over.

If, as in large offices, each person is at a desk, and must have the light in front it should be provided with a shade (green is best), which will illuminate the object, but will not allow the glare to enter the eyes.

If this cannot be done, an eyeshade should be worn.

Reading while in bed or lying down should not be indulged in, for this tires the muscles and increases the flow of blood to the eyes.

Especially during convalescence is the

habit injurious, for during this period the eyes are extremely weak, and permanent injury may result.

In the prophylaxis of blennorrhea neonatorum I have confidence only in a two per cent. solution of silver nitrate (the original *crédé* method). After the baby's eyes have been carefully washed with a saturated solution of boracic acid, the physician or nurse allows one drop of the silver nitrate solution to fall on each eyeball. If the reaction is at all severe, cold clothes should be applied to reduce the irritation. The drug, however, is to be used only where there is danger of infection.

The eyes of a patient who has blennorrhea neonatorum should not be cleansed by syringing, because this is dangerous, not only to the patient (for the now weakened corneal epithelmin is easily injured), but to the nurse as pus, may easily spurt into her eyes and infect her. The best method of cleansing the eye is to use an ordinary dropper, and after gently exposing as much of the conjunctiva as possible, to allow the solution to drop over it. If any pus does get into the eye of the attendant, it should immediately be washed out with a saturated boracic acid solution and a drop of two per cent. silver nitrate put in the eye, after which cold applications should be made.



Nursing in Nervous Diseases*

THOMAS E. UNIKER, R. N.,

Graduate Class 1902, Mill's Training School, Bellevue Hospital, New York City.

THERE is no more trying case for the nurse than the care of a patient suffering from one or more of the various forms of nervous diseases, because, as a rule, these cases are of long duration, and, whether the patient is or is not taking absolute rest treatment, he is more or less isolated, so that the nurse is constantly in the company of one who is continually taxing his patience to the utmost. He is, therefore, besides being confined indoors, under great nervous strain and consequently it is of the greatest importance that he take proper means to protect his health. If he is alone on the case, he should, at the earliest opportunity, make arrangements with the patient's relatives to have proper time for sleep and exercise. He should have at least two or three hours off duty every day, to be taken to suit the convenience of all concerned; but he will find that if it is possible to take these hours from two to four or from two to five in the afternoon, it will have a tendency to shorten what would otherwise be a long and tedious day.

When two nurses are attending the patient, it will be best to follow the method employed by Dr. F. X. Dercum, shown in the following time chart:

In this chart some hours have been duplicated at meal times. Of course the nurse is off duty when he is eating his own dinner, and it might be unnecessary to make a note of this; but the object of the chart is to show just how each man can get his meals and still have

the patient attended every minute of the day, which is a most important factor in the care of mental cases. It will also

TIME CHART FOR TWO NURSES.

TIME	A.	B.
7:45 A. to 8:30 A.	M. Gets patient's breakfast and eats his own.	Gives patient his breakfast.
8:30 A. to 9:30 A.	M.	Eats his own breakfast.
9:30 A. to 8:30 P.	M. On duty.	Off duty.
12:45 P. to 1:30 P.	M. Gives patient his dinner.	Gets patient's dinner and eats his own.
1:30 P. to 2:00 P.	M. Eats his own dinner.	
1:30 P. to 6:30 P.	M. Off duty.	On duty.
5:45 P. to 6:30 P.	M. Gets patient's supper and eats his own.	Gives patient his supper.
6:30 P. to 7:00 P.	M.	Eats his own supper.
7:00 P. to 8:30 A.	M. On duty.	Off duty.

be seen that there is an alternation of hours every day, so that the nurse who works the afternoon of one day is free the afternoon of the next. This is better than to have the same hours every day for a week continuously, because it gives more variety and a better opportunity for each nurse to take advantage of any amusements that may be available. It will also be seen that the nurse is free every second night, which will

*The above article refers particularly to men nurses and patients, but the principles herein enunciated apply equally well to both men and women.

enable him to have sufficient time for exercise and to rest undisturbed.

Of course the fundamental qualification of a nurse in caring for nervous patients is that he be strong and healthy, as S. Weir Mitchell, M. D., LL. D., says in his book, *Nurse and Patient*: "It requires a strong body and fortunate balance of moral and intellectual qualities to escape from being made morbid by constant contact with such suffering; and intensely sympathetic people are surely hurt by it, and themselves grow morbidly sensitive. When the unhappy invalid becomes exquisitely ill-tempered under the long pangs of illness, the constant nurse must endure a thousand petty trials of temper, and must know when to yield and when to resist the tiny and numberless oppressions of the patient; but incessant battle with one's self is exhausting, and soon begins to show its results upon the healthiest nurse, cooped up in the sick room. A pallid face, loss of energy, a certain passive obedience to routine duties are the consequences." The nurse who intends to take up the work of caring for the nervous and insane should not remain too long with one patient. Of course this all depends on the character of the case, and it will be possible to remain longer with one patient than with another, but if the illness bids fair to last more than a year the nurse will do well to stay only about six months, for at the end of that time he will not be able to do justice to a case requiring close attention.

Physicians recognize the fact that in cases of long duration a change of nurses often has a very good effect upon the patient and at the same time the nurse is equally benefitted.

In addition to physical and mental endurance, the nurse should possess the quality that is known as tact.

Dr. J. Wallace Anderson says in his "Lectures on Medical Nursing:"

"Tact is a quality not easily defined; but if we go back to the original meaning we can construe a definition upon it. It means, literally, touch—the touch of skill and experience. But it has a wider significance; it includes the mental touch, something more complete than the other; not a touch merely, but a grasp—a grasp of the situation, the comprehension of a difficulty, the grasping of it on all sides so that it disappears in your hands."

Next in importance to tact, the nurse should cultivate the power to observe at a glance the various symptoms of the invalid. A nervous patient when excited by unusual or sometimes by even trivial conditions, may exaggerate his feelings, and if he does, the fact should be at once reported to the physician, with the circumstances under which it occurred.

When the patient is exercising or allowed to attend places of amusement, great care should be taken not to tire him, and the observing nurse will soon be able to detect any evidence of fatigue. It will be well to stop all physical and mental exercises long before the patient is tired, so that he retains a good margin of strength.

In view of the many peculiarities displayed by people suffering from nervous disorders it will be seen how impossible it is to set rules to govern each individual; but a few characteristic symptoms are common to nearly all mental cases. Almost invariably the patient desires to talk about his many symptoms and to dwell on what he thinks has been the cause of his present condition. If this is allowed it will produce nervous excitement, mental depression and in many cases, "crying spells." The nurse must

do all he can to prevent his talking about himself and never, under any circumstances, tell stories of hospital experience, but always keep the patient as far away from his troubles as possible. He should, by careful observation, learn his patient's likes and dislikes, the subjects that please him most and those that are depressing. By so doing he will make his task lighter and at the same time keep the patient in a pleasant mood. When the patient is confined in bed, a sponge bath followed by an alcohol rub should be given daily. The patient may be bathed in the morning; but as insomnia is nearly always present, it is sometimes well to do this in the evening, as a bath at this time often has a soothing effect and not infrequently produces sleep.

Massage will be ordered in nearly all cases, and care should be taken as to the hour and duration of each treatment. For instance, patients suffering from insomnia will sometimes show improvement by having the massage a few hours before they retire for the night; on the contrary, some show the best results if the treatment be administered one or two hours after the morning meal, but in the greater number of cases, the desired results will be obtained by giving the treatment in the afternoon. The room should be at such a temperature that when the patient is exposed he will not feel chilly. He should be kept as quiet as possible during the treatment and after the treatment should rest in a recumbent position for an hour or so. The first treatment should last for at least fifteen minutes. The time may be increased five minutes each day until the patient is receiving a thorough manipulation for one hour, which will suffice for all cases. In connection with massage, the Faradic battery is frequently

prescribed and is given to stimulate circulation and exercise the muscles. In the latter instance, just enough current should be used to produce muscular contraction, while in the former case the current should be regulated to suit the patient's feelings.

In cases suffering from melancholia, the nurse must be unusually watchful, because many of these patients have suicidal impulses and therefore should never be allowed out of the nurse's sight. The windows should be fastened, doors locked, while knives, forks, razors and other instruments must not be allowed in the room; all medicines should be securely locked.

Hysteria is more common among women than men, but it does occur sometimes among male patients. Little or nothing can be done for this condition, but when the paroxysm is violent and of long duration, the nurse may safely give a dose of aromatic spirits of ammonia, which often has a very quieting effect.

In acute mania it will be necessary in many cases to restrain the patient. It is almost needless to say that this should be done as gently as possible. Usually force will be necessary, but it sometimes can be avoided by engaging the patient in conversation about his predominate delusion, and by agreeing with him in every way. Great care should be taken not to have the restraints too tight and they should be relaxed as soon as the condition of the patient will permit.

In the treatment of nearly all nervous diseases, the patient will for a time be on forced feeding and large quantities of raw eggs will be prescribed. Eggs taken raw often produce nausea, but the addition of orange juice will usually overcome this difficulty.

While the nurse will be sorely tried in

many cases and feels as if he could not stand the strain any longer, he should never betray his feelings to the one under his care, but always appear pleasant and ever willing to fall in with the many peculiar whims of his patient. The time will surely come when the patient will

be able to understand what has been done for him; he will then realize what a trial he has been and will usually fully appreciate the kindness that has been shown him. It is then that the nurse will receive his reward for the many trying hours spent in his service.

Examination Questions*

ANATOMY AND BACTERIOLOGY.

1. Give a complete outline of a typical urine analysis.
2. How do you test for: (a) sugar? (b) albumin? (c) acidity? (d) spec. gr.?
3. How large are bacteria? Are they animal or vegetable life? Differentiate between infection and contagion.
4. Name four diseases caused by bacteria.
5. Designate the diseases caused by bacteria. (a) pneumonia, chlorosis, septicaemia, typhoid fever.
6. Where is the anterior superior spine of the ileum? and why of interest? bicipital groove? spine of tibia, mastoid process.
7. How many bones in body and how divided as to form? How is the spinal column divided and number of bones in each division?
8. Name two muscles of the face and describe them. b scalp (1), neck 2, back 2, abdomen (2).
9. Where is the latissimus dorsi, Levator Labii superioris et alequa nasi, usorius, platysmia myoids?
10. Into what divisions are muscles divided? What is meant by origin

and insertion? How is a muscle fastened to a bone?

PHYSIOLOGY.

1. Name the principal parts of the brain and describe the most important part.
2. Name the largest and the longest cranial nerves, and describe one of them.
3. Describe a uriniferous tubule and its blood supply.
4. What is normal urine?
5. Name the ductless glands.
6. Describe a hair follicle.

OBSTETRICS (Senior Class).

1. What is eclampsia gravidarum? Give its etiology and treatment.
2. Name and describe the various hemorrhages which may occur in the pregnant, parturient and puerperal state.
Give in detail the treatment of post-partum hemorrhage.
3. Distinguish between: Abortion, miscarriage and premature labor. What are the causes and symptoms and what is the treatment of miscarriage?
4. Distinguish between sapramia and septicaemia. Give its etiology and

*Class of 1908, St. Mary's Hospital, Green Bay, Wis.

detailed treatment of puerperal septicaemia.

5. What are the causes of mastitis? Give your treatment of a threatened case.
6. What is placenta previa? What are its dangers? Name and describe the varieties.
7. Give in detail your preparations in a private house in a case where the application of forceps has been decided upon by the attending physician.
8. What is meant by sub-involution of the uterus. Give causes and symptoms.

PATHOLOGY (Senior Class).

1. What is pathology?
2. Define embolism.
3. Define thrombosis.
4. Define infarction.
5. What route does metastase take in carcinoma?
6. What route does sarcoma take?
7. Name five of the principal tumors.
8. What is inflammation?
9. What is a cyst?

SURGICAL NURSING (Senior Class).

1. Give the symptoms and treatment of (25) conraled post operation haemorrhage.
2. You are asked to prepare a patient (100) for laparotomy in the country. Appendectomy is to be performed. Give all the necessary steps, including furnishing, the instruments, the anaesthetic and dressings.
3. Give the symptoms of fracture of one

(25) of the long bones, and name the varieties of fracture.

4. How would you try to avoid a stiff (25) joint, following a fracture or dislocation?
5. Name the eruption fevers and give (25) the symptoms of measles.

INFANT FEEDING (Senior Class).

1. Name and describe conditions in which maternal nursing should not be allowed.
2. Give the symptoms of inadequate nursing.
3. Name the conditions that may be present in a nursing woman's milk when the infant is not thriving.
4. How would you examine a specimen of woman's milk in order to determine the physical characters and the proportion of their elements?
5. Give in detail the rules governing the weaning of infants.

MATERIA MEDICA.

1. Give the tables of the imperial system of weights and measures. Measures of mass, measures of capacity.
2. What is meant by the remote action of a drug? Give an example.
3. Name the various parts of a prescription. Give an example.
4. What is strychnine? Give its physiological action, its use and the dose.
5. What do you know about diphtheria antitoxin? How would you prepare a patient for its administration?

Practical Points

IN cases of pelvic disease requiring drainage, where it is necessary to keep the patient in a sitting posture, a device known as a bed-swing is being used in some hospitals. To make this bed-swing a board three feet wide by eight inches is used. This is thickly padded with some washable material and attached by ropes to the head of the bed, which must be of quite a good height. With this device to keep the patient from slipping, and give support, a back rest and plenty of pillows, it is possible to secure for the patient a degree of comfort not possible without it.

For providing artificial heat for the sick a common soapstone about an inch thick by 9x12 inches, with a wire attached, is a very convenient arrangement, much less expensive and less liable to accidents than the rubber hot water bottle.

The electro-therm, a pad into which are woven wires insulated and protected, which can be connected to the ordinary electric light socket, is another device for securing artificial heat which has found favor in many hospitals and homes.

Two ideas picked up in going through operating rooms recently were the use of sterilizing bags made of stout twilled cotton with a draw string for putting instruments in that were to be boiled—this instead of wrapping the instruments in a towel or a piece of gauze, as is usually done. The second idea was the use of a face mask made of two pieces of gauze, seamed together, cut to conform to the shape of the head, with openings for eyes, nose and mouth. This is pulled

down over the head. Its advantage is in the economy of gauze. Instead of cutting fresh pieces of gauze for masks for each operation these masks are washed and used over and over again.

An appliance which the obstetrical nurse would surely appreciate and which ought to be added to the equipment of service rooms connected with every maternity ward is a little washing machine attached over the closet seat for washing babies' diapers and such things. It obviates all necessity of rubbing them by hand or putting the hands into the water. The cost is small and the convenience so great that no one who has once used one will want to do without it.

Three different antidotes are now being recommended for carbolic acid poisoning or burning—alcohol, common vinegar and iodine. The vinegar needs to be diluted if very strong and can be given internally in teaspoonful doses. Its effect is said to be fully equal to alcohol. Iodine is recommended to be given in teaspoonful doses in a teaspoonful of water if the patient is an adult and much acid has been swallowed.

Remember that the sprinkling of liquid commercial ammonia around a room that has been subjected to formaldehyde fumigation will neutralize the lingering fumes of the disinfectant.

A piece of gauze tied over a wide-mouthed glass container makes an excellent shaker, especially for quinine which is used for burned surfaces when healing has begun.

The Seaside Home for Sick Children

THE Seaside Home for Sick Children, Fall River, Mass., opened for its twelfth season on June 25.

Twelve years ago there was but poor accommodation for sick children in the hospitals of the city, and great need was felt for a properly equipped building where proper food, fresh air and intelligent nursing could be obtained.

The women's board and the staff of physicians of the Emergency Hospital made an appeal for help to the people of Fall River, and met with a generous response. A building was purchased on Sandy Beach, near the city, and converted into a small hospital, where the sick children were treated until 1901, when the building was accidentally burned after the close of the season. In 1900 the present building, with its modern conveniences, was erected on the shores of Mount Hope Bay. It is surrounded on three sides by wide, screened verandas, protected from the sun by bamboo curtains. On these verandas the cribs are wheeled each day and left until the early evening.

The main ward has twenty cots, all of which were donated by small friends of the home. Two were given in memory of the first matron, the late Mrs. S. B. Teague, who died the Summer the new home was opened.

The model food and bath rooms are on the first floor. Upstairs there is a second ward of twelve cots, making a total of thirty-two.

The food room has one nurse in charge for the season. The milk is supplied in sterilized jars and kept at a temperature of 35 degrees. After standing from six to eight hours it is siphoned off for the cream percentage for modifica-

tion. Milk is modified every twelve hours. Different formulas are used to meet the need of each baby according to its age and condition.

Sometimes buttermilk mixtures are used with good results, many babies thriving on these when all other formulas have failed to agree with them.

Barley water is oftentimes used instead of sterile water. Sterilized and pasteurized milk—the latter is made by bringing milk to a temperature of 155 degrees and allowing it to stand twenty minutes—are used when necessary.

Each jar and bottle is marked with the baby's number and sterilized; and all apparatus used in the food room is kept scrupulously clean.

In the bathroom are found foot tubs for the babies' daily bath, and a large tub for the children of three and four years. A weighing machine for the weighing of the babies, which is used twice a week, is kept here.

The home is open from June to September to all children suffering from Summer diseases; and proper food, abundance of fresh air, good nursing and competent medical attendance are to be obtained free of charge. Contagious cases are not admitted.

Mothers often bring their children in the early morning and remain until evening.

The home has lost one good friend this year, the late Rev. Dr. Hughes, who interested many persons in it and contributed from his private means to its support.

The physicians, headed by Dr. M. Kelly, have been untiring in their efforts for its welfare.

Miss Anna Read, who has been matron for the past six years, has been de-

voted and self-sacrificing. Her entire Summer's work three years ago was given without remuneration.

The churches and mills contribute an-

The work done at the home is much appreciated by the people of Fall River. The charity is one that appeals especially to mothers and to all who love chil-



GROUP OF NURSES AND CHILDREN AND FOOD ROOM. THE SEASIDE HOME FOR SICK CHILDREN, FALL RIVER, MASS.

nually to the support of the home, and many private subscriptions are received. The children's clothing, etc., has been donated.

dren, and many a little life that would have been sacrificed in the hot and crowded tenements of the city has been saved.

Department of Army Nursing

DITA H. KINNEY

Superintendent Army Nurse Corps

THE interest in the new Navy Nurse Corps so overshadows any of the incidents which are usually chronicled in these notes that it is scarcely worth while to mention the latter. For the benefit of those who have not already seen it we quote the Bill authorizing the new corps:

"Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That the nurse corps (female) of the United States Navy is hereby established, and shall consist of one superintendent, to be appointed by the Secretary of the Navy, who shall be a graduate of a hospital training school having a course of instruction of not less than two years, whose term of office may be terminated at his discretion, and of as many chief nurses, nurses and reserve nurses as may be needed: Provided, That all nurses in the nurse corps shall be appointed or removed by the Surgeon General, with the approval of the Secretary of the Navy, and that they shall be graduates of hospital training schools having a course of instruction not less than two years.

"Sec. 2. That the appointment of superintendent, chief nurses, nurses and reserve nurses shall be subject to an examination as to their professional, moral, mental and physical fitness, and that they shall be eligible for duty at naval hospitals and on board of hospital and ambulance ships and for such special duty as may be deemed necessary by the

Surgeon General of the Navy. Reserve nurses may be assigned to active duty when the necessities of the service demand, and when on such duty shall receive the pay and allowances of nurses: Provided, That they shall receive no compensation except when on active duty.

"Sec. 3. That the superintendent, chief nurses and nurses shall respectively receive the same pay, allowances, emoluments and privileges as are now or may hereafter be provided by or in pursuance of law for the nurse corps (female) of the Army."

The Navy nurses are to have cumulative leave, thirty days per year, sixty days provided that the same be taken once in two years, or ninety days provided that the same be taken once in three years.

It is intended that every nurse applying for admission to the corps shall be mentally as well as physically examined by a medical officer of the navy. Nurses who have given satisfactory service and severed their connection with the Navy Nurse Corps will, if they re-apply, be obliged to be re-examined before appointment. Rumor has it that a nurse discharged otherwise than honorably (in other words, a nurse whose conduct has not been all that it should be) will in no case *be given transportation to her home*. Nurses so discharged outside of the limits of the United States will be given transporta-

tion to San Francisco and then left to find their way home without assistance from the Government.

In common with the officers and enlisted men of the Navy all nurses will be checked 20c. per month for the hospital fund (this to provide for their care during illness).

The Superintendent of the Army Nurse Corps surely voices the sentiments of all the Army nurses when she adds to her own greetings their good wishes.

To take up our own family affairs. We chronicle with mingled feelings of regret and pleasure the discharge of Chief Nurse Julia Woods, whose connection with the corps was severed in Manila on July 31. As is generally known, Miss Woods left the corps to be married to Captain H. S. Wagner, of the 14th Infantry, at present stationed at Camp Downes, Ormoc, Leyte, P. I. Congratulations and all good wishes!

After three and a half years as chief nurse at Fort Bayard, Miss Martha E. Pringle was discharged at her own request for a rest. The affection and loyalty of her nurses were demonstrated the evening before Miss Pringle left by an informal reception and the presentation to her of a beautiful turquoise pin set in filigree gold. They and the nurse corps were distinct losers by Miss Pringle's resignation, and should she elect to request reappointment she will be welcomed by all with open arms.

Other discharges have been: Frances B. Dodds, from the General Hospital, San Francisco, and Minna C. Timme, from the Division Hospital, Manila. Both requested discharge to be married. Elma Baker, Kathleen V. Roney, Edith M. Hodges and Minnie A. Philippons, on duty at the General Hospital, San

Francisco, discharged in San Francisco. Discharged at her own request on expiration of term, Bertha Billiani, now Mrs. S. L. Schnitzer.

The appointments since the last notes have been: Louise C. Boldt, graduate of the Farrand Training School, Harper Hospital, 1907; Sarah E. Sagar, Trinity Hospital Training School, Milwaukee, 1906; Margaret T. Wahls, Newark German Hospital, 1905; Johanna Linehan, St. Joseph's Hospital, Milwaukee, 1906, with a post-graduate course at the Cook County Hospital of Chicago, December, 1907, to July, 1908; Bessie C. Osbaugh, Medico-Chirurgical Hospital of Philadelphia, 1907, and Mame Gertrude Johnson, Borgess Hospital, Kalamazoo, Michigan, 1905. All the above named nurses have been assigned to duty at the General Hospital, Presidio, San Francisco:

We chronicle with pleasure the appointment of Nurse Mary E. Craig as temporary chief nurse to fill the place left vacant by Miss Pringle. Miss Craig has had the longest continuous service of any nurse now in the nurse corps, which she entered on July 29, 1898.

Chief Nurse Dora Thompson and Nurse Carrie Howard were assigned to duty on the transport Crook with the troops going to Alaska. They sailed from San Francisco June 20 and returned July 31. They will resume their respective duties at the General Hospital, Presidio.

Nurses Mary H. Hallock and Hannah P. Morris were transferred from the Division Hospital to Zamboango, Mindanao, P. I.; Margaret Moore and Clara M. Selover from Zamboango to the Division Hospital, and thence to the United States for duty; Louise De Pue Maguire and Jane G. Molloy left San Francisco for duty in the Philippines Division on the transport sailing August 5.

The Diet Kitchen

Meat Preparations

ROSAMOND LAMPMAN.

PAPER III.

THE clear juice of beef contains serum, lymph and blood and is considered an excellent article of diet in many cases of severe gastric disturbances. It also forms a good introduction for the stomach to solid food after a long illness, in which milk has been the principle article. It is best when served warm, but if preferred it may be chilled or frozen. When reheating beef juice great care must be taken not to heat above 138 degrees Fahr., for if allowed to go higher the albumen coagulates, and it will be unfit for use.

Beef Juice.—Broil slightly a round of steak, cut an inch thick, over a quick fire. Divide it into inch squares; put each piece into a lemon squeezer and squeeze out all the juice while hot. Add a little salt. When ready to serve, put the desired amount into a heated cup, or place the cup containing the juice in a basin of boiling water; stir carefully, and, as soon as it is hot, serve.

Beef Tea.—Cut up a pound of beef from the round into pieces the size of dice. Put into a covered jar with two pints of cold water and one-half teaspoon of salt. Let the beef soak in the water, stirring occasionally, for two hours, then put it on the range. Heat gradually until the red blood disappears. Be very careful that it does not reach the boiling point. Skim off all grease and serve hot with sippets of toast.

Scrapped Beef.—Scrapped beef is often recommended for patients suffering from gastritis, typhoid convalescents and others. It is best when made from tender beef steak, broiled for a few minutes over a clear fire. Rare roast beef or mutton chops may also be used. Scrape with the edge of a spoon until the space scraped has no meat on the surface, but only the white fibre; cut this off with a sharp knife, exposing another surface. The pulp may be passed through a sieve, although this is not absolutely necessary. Season with salt and pepper and spread it on thin slices of bread and butter; or it may be made into small cakes and browned slightly.

Raw Meat Sandwiches.—Take three ounces of raw beef with one ounce of fine bread crumbs and a speck of sugar; put the meat through a fine sieve, mix with the bread crumbs, sugar and a little salt and pepper; spread between thin slices of either brown or white bread and butter.

Broths.—The nutritive value of meat broths depends upon that which is extracted from meat, bone and gristle by the process of long, slow cooking in water. Broths are usually made from beef, mutton, veal or chicken, and when properly prepared they contain more or less protein, gelatin and fat and are really foods as well as stimulants.

Beef Broth.—To one pound of chopped beef add one pint of cold water. Let

it stand in a covered glass fruit jar for six hours, then place the can in a kettle of cold water, cover closely and cook slowly for three hours. Cool, skim off the fat and clear with an egg. Season and serve hot with some very hot toasted crackers.

Mutton Broth.—Take one pound of mutton from the neck, wash thoroughly, cut the meat into small pieces and crack the bones; then add one quart of water and let it simmer for three hours. Season with salt and pepper one-half hour before removing from the fire. Strain through a coarse sieve or colander; let it stand until cold, then remove the fat.

Chicken Broth.—Chicken broth is stronger and better flavored when made from an old fowl. Wash and clean thoroughly, dissect the joints and chop all into small pieces. Add one quart of cold water to each pound of fowl, one teaspoon of rice and one saltspoon of salt. Let it simmer slowly for two hours. Strain and set away to cool before serving, in order to remove all fat. Serve hot with toasted crackers or a little very brown toast.

Veal Broth.—To one pound of knuckle of veal add one pint of cold water, a little salt, two teaspoons of sugar and a small piece of mace. Cook slowly for two hours, let it cool, skim and reheat. This is useful for white soups and with the addition of a little cream is very nourishing.

Oyster Broth.—To one pint of white stock add one cup of oysters; bring to a boil, season with a little salt and pepper, serve with hot crackers. This is very nice for those who object to milk.

Oyster Broth with Milk.—Put equal quantities of oyster juice and milk on the range in separate vessels; when the juice comes to a boil skim and slightly thicken; then pour in the milk boiling hot and add the oysters one by one. Let them remain on the range until the edges ruffle. Serve immediately.

Clam Broth.—Take one quart of clams, strain off the juice and chop the clams very fine; return to the juice and simmer one hour. Put on to scald as much milk as juice. Strain out the clams, thicken the juice with one teaspoon of cornstarch stirred smooth in a little cold water. Pour the juice into a bowl and add the milk. For convalescents only cut off the hard part of the clams, chop the soft part and leave them in the broth.

Clear Clam Broth.—Take little neck clams unopened, wash them very clean, place on the top of the range in a basin and when the shells open take them off, remove the clams and pour the juice into a bowl. Strain and serve very hot. If the broth is too strong it may be diluted with a little boiling water. This is excellent for very sick patients; give only a teaspoonful at a time. It will often check nausea.

Colorado Springs.

The regular monthly meeting of the Colorado Springs Registry Association was held in Stratton Park, August 6. After the busi-

ness meeting a picnic lunch was spread and very much enjoyed by the twenty nurses present. Several visiting nurses spending their vacations in the city were guests.

Editorially Speaking

What Are Conventions For?

IN considering a convention program where the social features, banquets, receptions, musicales, sight seeing trips, automobile rides, etcetera, outnumber by actual count the sessions of the convention proper the question rises pertinently: "What are conventions for?"

If the purport of the Associated Alumnae Convention at San Francisco was a play-spell, a recreation time for nurses, it was undoubtedly a success. The hospitality and entertainment extended to the convention as a body and to delegates as individuals was truly munificent; in keeping with the reputation of the state for free handedness.

A delegate writes in her report: "The days were filled to repletion with entertainment and courtesy extended as to an honored guest. One felt discourteous and inappreciative to decline and, with the example before us of the very officers shuffling the program, doubling up and cutting out sessions in order to go and do and see, it did not seem so reprehensible to cut sessions early, come late or not at all, as it now does when I present this most inadequate report." This speaks for itself, and we think not inadequately for many. Some delegates were, perhaps, more conscientious at the conventions, others less so in their reports.

It would be most interesting could we know what the delegates carry from the convention as its strongest impression. What did *you*, as a delegate, take back to your association? What stands out as the thing accomplished by this grand

convening? We asked one delegate these questions, and after hesitation she said that the chief result was probably more in the nature of a general inspiration to the whole profession than in specific accomplishment. Just how she would impart this *general inspiration* to her associates was not disclosed.

We reiterate, what are conventions for? and further, what do the annual conventions of the Associated Alumnae accomplish?

In the plethora of papers on the program we find such subjects as Public Health, Almshouse Nursing, The Training School Curriculum, Pupil Nurses Home Life, Newer Methods in Medical and in Surgical Nursing—broad, important, vital subjects in which the nurse, as an individual, is particularly interested, perhaps, and in some of which, as a member of her profession, she may be a considerable factor, but are they *the* subjects which a nurses' convention could and should discuss for the profession's profit?

We suggested editorially a year ago that we would like to see such a subject as "How can ethical principles be established in the profession and in the individual nurse?" undertaken by the convention. Surely effort and action for reforming, modifying and perfecting should first be directed to the profession and those things within the profession's province.

The nurse, or the work of the nursing profession, is undoubtedly an important factor in the problem of tuberculosis, but

it is most surely beyond the primary purport or rightful province of an alumnae convention to prepare resolutions to be presented at the International Congress on Tuberculosis recommending physicians to desist from sending *impecunious* tubercular patients to a certain locality supposed to be climatically favorable.

Almshouse reform has for two years occupied a prominent place in the convention's deliberations. It is a philanthropic work for which the country through there is probably some need; but it is no more a nurse's problem than her individual interest in this particular form of philanthropy would dictate. If a nurse makes a professional engagement to care for almshouse cases, well and good, it is her duty then professionally to see that what comes within her province is in accordance with humanitarian principles, but otherwise her relation to the almshouse is that of a private citizen. It is regrettable that the burden should have been assumed by an association which so much needs to concentrate its efforts on the problems of the profession for which it stands. Its committee recommends that the "work be taken seriously to heart," being one which requires "years of patient and unremitting attention," whether there will be any result from either of the actions just considered remains to be seen. The numerical strength of the association is of comparatively little value if its numerals are not arranged in concerted logical order. It sounds forceful that "a body of 14,000 members," represented by delegates, vote to do this, that or the other, but what tangible results stand out from last year's unanimous vote in favor of a three years' course? Or what, from the recommendation to delegates to present to their societies the desirability of obtaining

representation on Training School Boards? It was reported this year as being practically without result, one school we believe having considered the matter favorably.

It sounds impressive to appoint committees on Public Health, National Pension Fund, Care of People of Moderate Means, etc., but what is accomplished? After a year these committees report "nothing especial to report, lack of time prevented co-operation of committee." Again, "Committee failed to assemble," one member reporting herself as "interested, but too fagged to suggest an idea," and again, "Committee did not get together. No data collected or work done."

What value is there in voting to do a certain thing, appointing a committee to do it, listening a year later to a report of nothing done, reconstructing and re-instructing the committee and turning it loose for another year.

This year's convention was well managed, well taken care of, well entertained, but was all that effort worth while in view of its accomplishments?

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The Nurse as an Educator

For many years it has been recognized that the function of the trained nurse included not only personal service to the sick, but also the dissemination of knowledge regarding the preservation of health, first aid to the injured and the proper management, so far as opportunity affords, of the cases of minor illness that occur in every home. Every one knows that every woman at some period in her history is obliged to assume the responsibilities of a nurse, and all nurses know of the misery and suffering endured by many of the sick in the homes of the middle

and lower classes, because of ignorance and bad nursing. Because this is true, different organizations have, from time to time, arranged for classes for mothers and young women where instruction in hygiene and home nursing could be given. The Young Women's Christian Association has long regarded such classes as an important part of its educative work. Nurses have freely given of their time to conduct home nursing classes, and have been glad of the opportunity to pass on to others a part of the knowledge they had received.

It must, therefore, have been somewhat of a surprise to a great many members of the New York County Nurses' Society, at its meeting a few months ago, when the Red Cross situation was discussed, to hear this function of the nurse denounced as an unwise and dangerous policy. When it was stated that a Brooklyn division of the Red Cross Society was planning for courses of lectures to the laity in Hygiene, Sanitation, Emergency Nursing, &c., Miss Dock is reported to have expressed her opinion that *"If such people were given instruction by the Red Cross it would be detrimental to the interests of the properly qualified nurse, because these amateurs would immediately enter the nursing field in competition with the registered nurses, and it was the duty of the registered nurses to protect the general public from all such nursing quacks. She did not think the nurses ought to enroll unless the Red Cross agreed not to do anything of the kind."* One cannot but wonder what Florence Nightingale would think of such sentiments, coming from one who claims to be a leader of nurses and a representative of true nursing principles. What would be thought of a physician who advocated keeping people

in ignorance of the laws of health because, otherwise, "it would be detrimental to the interests of the properly qualified" physician? Does any sane person believe that a course of a dozen such lectures on such subjects would enable a woman to compete with a hospital graduate? Would any physician be likely to think so, and is it not the physician who, nine times out of ten, recommends that a trained nurse be called to a case? Certainly this public expression of narrowness and selfishness, as representing the spirit of nurses in general, is not likely to add to their popularity. All nurses who have in them a spark of altruism must feel indebted to Miss Gladwin, who disagreed with Miss Dock's position on this occasion. "Miss Gladwin stated that she had met the women in Brooklyn who were interested in organizing this class, that they were chiefly the mothers of families and homekeepers. Not one of them supposed for an instant that attending a few lectures would qualify her to take the place of the professional nurse. Miss Gladwin said she had spent several years in a small town where there was much demand for such simple instruction as these classes were intended to give, to help people to live better and to prevent sickness and disease. She had frequently been asked to instruct such classes. She had done so in the past, and should be glad to do so again whenever her other work permitted." All over the country there are nurses who must applaud this sentiment and attitude. In fact, one cannot see how nurses can afford to take any other position in regard to the education of the common people in these matters. Nurses are doing this educative work and will continue to do it in spite of Miss Dock's protests. Nurses

from the Rochester Homeopathic Hospital have charge of the classes in elementary nursing in the Y. W. C. A. Nurses in Chicago have held classes for girls in the stock yards district, and here and there all over the country this kind of social service is being carried on by nurses. In England the work of teaching mothers the principles of hygiene and nursing is carried on to a much greater extent than here. It is in keeping with the spirit of the times and it will increase rather than diminish with the years.

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Another Opinion

In striking contrast to Miss Dock's position on the nurse's duty as an educator are the sentiments expressed by President Eliot, of Harvard University, at the dedicatory exercises of the new Harvard Medical School. Dr. Eliot emphasized especially what he believed was an exceedingly important part of the physician's work—the function of teaching the whole population how diseases are caused and communicated, and the necessary measures for prevention. In this connection Dr. Eliot said: "The recent campaign against tuberculosis is a good illustration of this new function of the profession. To discharge it well requires, in medical men, the power of interesting exposition, with telling illustration and moving exhortation. Obviously the function calls for disinterestedness and public spirit on the part of the profession; but to this call it is certain that the profession will respond. * * * The medical schools should also habitually arrange for popular lectures on medical subjects, and these lectures should be given without charge on

days and at hours when working people can attend." This "new function of the medical profession" is being exercised increasingly each year. Physicians of high repute are freely giving their time and strength to lecture to the common people in churches, schools and halls, as opportunity affords. Churches and clubs have undertaken to arrange for such lectures, and this form of social service has but begun. There is here a splendid opportunity afforded the nurse to serve her generation in an unselfish spirit, and it is safe to say that the best nurses of the land will stand ready to assist physicians in this work of popular education.

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American Hospital Association

WE would again call attention to the Conference of the American Hospital Association, which will be held at Toronto, September 29 and 30 and October 1 and 2, with headquarters at the King Edward Hotel.

By reference to the program, which was published in our August number, it will be seen that it is one of the best that has ever been presented. The subjects chosen are of high educational value, dealing with the practical questions constantly confronting the hospital worker. Dr. S. S. Goldwater, the president of the association, is one of the foremost hospital men in the country—broad, progressive and full of enthusiasm for the best interests of American hospitals. These facts, taken in connection with the beauty of Toronto as a city, and the reputation of Canadians for hospitality, give promise that this tenth annual conference will be one of the most notable in the history of the association.

ARTICLES IN THIS DEPARTMENT, WHETHER BEARING SIGNATURE OR NOT, ARE CONTRIBUTED, AND DO NOT NECESSARILY REPRESENT THE IDEAS OR POLICY OF THIS MAGAZINE.

At 2:30 P. M., after the call to order and invocation, Mr. Cartier, Mayor of Ludington, gave the nurses a most cordial welcome.



SUPERINTENDENT AND GRADUATING CLASS, CITY HOSPITAL, AUGUSTA, GA.

which was responded to by Miss Thete Mead, of Cedar Lake.

After the reports of officers and chairmen of committees, Miss Elizabeth Parker, of Lansing, president of the association, gave an address which could not help but inspire all who heard it to better efforts in behalf of the association work. Following this was a parliamentary law drill by Mrs. W. H. Holden, of Detroit.

In the evening a reception was given by the citizens to the visiting nurses, which was greatly enjoyed by all.

At 9 o'clock Wednesday morning Mrs. Holden continued the parliamentary law drill. Miss Ida Barrett, of Grand Rapids, delegate to the State Federation of Women's Clubs, was unable to be present, and her report was read by Miss Bessie Goodrich.

Mrs. Foy, of Battle Creek, delegate to the Nurses' Associated Alumnae meeting, gave such a vivid and entertaining description of her trip to San Francisco that all felt that they had been denied a rare treat in being unable to attend that meeting.

A paper on "Nursing for the Small Wage Earner," by Mrs. Flora Neiman, of Grand Rapids, created a great deal of discussion. All nurses are interested in this phase of the work, and hope some way may be evolved to solve the problem.

In the afternoon all work was put aside and a picnic dinner at Hamlin Lake was greatly enjoyed. After dinner all were taken in automobiles and carriages for a drive around the city and to visit the Paulina Stearns Hospital.

At the evening session three most interesting papers were read, one on "The Profession of Nursing," by Mrs. L. E. Gretter, of Detroit. Dr. W. S. Rowland, of Detroit, sent a paper on "Red Cross Work," which was read by Miss Durkee. This paper awakened a great deal of interesting discussion, and brought out the fact that Michigan nurses are very backward along this line.

Miss Sly, of Birmingham, was unable to be present, and her paper on "Why We Need State Registration" was read by Miss Ada Waters. This paper was of especial interest and help to all.

At 10 o'clock on Thursday, by vote of the association, Mrs. Holden gave another drill in

parliamentary law. These drills were very much appreciated and very helpful.

The election of officers followed.

President—Miss E. L. Parker, Lansing.

First Vice-President—Mrs. M. S. Foy, Battle Creek.

Second Vice-President—Mrs. G. O. Switzer, Ludington.

Recording Secretary—Miss Elizabeth Flaws, Grand Rapids.

Corresponding Secretary—Miss Fantine Pemberton, Ann Arbor.

Treasurer—Miss Agnes Deans, Detroit.

Two Counsellors, Miss Linda Richards, of Kalamazoo, and Miss Isabel McIsaac, of Benton Harbor, were unanimously elected.

At 2 o'clock all went for a boat ride on Lake Michigan. An experience meeting conducted by Mrs. Foy was held during the ride. The subjects taken up were "The Reasons for the Shortage of Applicants in the Training Schools" and "How to Provide Nurses for Small Hospitals."

The fifth annual meeting will be held in Saginaw in 1909.

+ Omaha, Neb.

The fourth annual meeting of the Alumnae Association of the Nebraska Methodist Hospital was held in the reception room of the new hospital. Our meeting was held June 14 instead of the regular day, May 28, so that the members could be present to attend the dedication and reception of the new hospital, also graduating exercises of the class of '08. In the absence of the president, Miss Alberta Coleman, Miss Kelley presided. Twenty-one members responded to roll call. Seven new members were received into the association.

After the regular business meeting the alumnae nurses served the first meal in the new dining room, after which several hymns were sung and a social time enjoyed. It was the privilege of the graduate nurses to furnish the new dining room.

+ Civil Service Examination.

The United States Civil Service Commission announces an examination on September 16, 1908, to secure eligibles from which to make certification to fill a vacancy in the position of assistant superintendent of nurses (female), Freedman's Hospital, Washington,

D. C., at a salary of \$480 per annum with maintenance, and vacancies requiring similar qualifications as they may occur in that hospital.

The examinations will consist of the subjects mentioned below, weighted as indicated:

Applicants must indicate in their applications that they are graduates of recognized training schools, having at least a two-years' course, and that they have had at least one year of subsequent experience in a modern, well-equipped hospital.



GRADUATING CLASS, ST. MARY'S HOSPITAL, GREEN BAY, WIS.

<i>Subjects.</i>	<i>Weights.</i>
1. Anatomy and physiology.....	5
2. Hygiene of the sick room.....	20
3. General and surgical nursing.....	20
4. Obstetrical nursing.....	20
5. Housekeeping, dressmaking and laundering	20
6. Training and experience (rated on application)	15
Total	100

Age limit, 20 years or over on the date of the examination.

This examination is open to all citizens of the United States who comply with the requirements.

Applicants should at once apply to the United States Civil Service Commission, Washington, D. C., for application form 1312, which contains all information. In applying for this examination the exact title—Assistant Superintendent of Nurses (Female) Freedman's Hospital—should be given.

Army Nurses for Germany.

Dr. Anita Newcomb McGee, who is making an extended tour of Europe, sends us word that Germany has decided to follow the examples of the United States and England and establish a corps of trained women nurses in its army, for service in peace as well as war. The regulations are now under consideration, and will be promulgated some time next Winter. In April, 1909, the first Army Sisters will be appointed, and meantime quarters are to be prepared at the larger hospitals for them. It is understood that appointees must have received their training before being eligible, as with us. The best army nursing has previously been done by the German Society of the Red Cross, which has its own hospitals and trains its Sisters especially for military service.

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Red Cross Nurses.

The following nurses have recently enrolled in the New York State Branch of the Red Cross:

J. Estelle Miner, R. N., New York City; Lottie S. Argabrite, R. N., New York City; Nora Brown, R. N., New York City; Emma Frances Giblyn, R. N., New York City; Edith Agnes Hemtchel, R. N., New York City; Jane Theresa Taylor, R. N., Panama; Martha Montague Russell, R. N., New York City; Agnes Gertrude Queenen, R. N., New York; Gladys Anne Christopher, R. N., Troy; Eudocia Jeanette Higley, R. N., Troy; Guy C. Wolcott, R. N., New York City; Eleanor M. Scott, R. N., Rochester; Edith Kelly, R. N., New York City; Minnie E. Lumney, R. N., New York City; Agnes S. Ward, R. N., New York City; Anna J. Brambach, R. N., Panama; Edith Abrams, R. N., New York City; Ida M. Collins, R. N., Troy; Grace A. Stiles, R. N., Troy; Martha Jane Stewart, R. N., Troy; Carolyn A. Wagner, R. N., Troy; Laura B. Bunting, R. N., Troy.

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Vassar Hospital Nurses.

Miss Josephine Montgomery spent the first two weeks of July at Asbury Park, N. J.

Dr. and Mrs. Frederick Snyder are now in Kingston, N. Y. Mrs. Snyder was formerly Miss Nellie Palen, '05.

Miss Ida Williams, class of '06, is ill with typhoid fever at her home in Brewster, N. Y. She is attended by her classmate, Miss D. Shelley, who has just returned from an extended trip through Pennsylvania.

Miss Mary F. Griffen is summering in Rhode Island.

Miss Claribel Wheeler, assistant superintendent of nurses at Vassar Brothers' Hospital is stopping at Asbury Park. She is accompanied by her mother and sister.

Miss Mary E. Ebert, class of '05, and Miss Emma L. Carey, class of '01, have returned from their vacations, spent at Wilkesbarre, Pa., and vicinity.

Miss Martha E. Johnson, class of '05, enjoyed a two weeks' visit with friends in Yonkers, N. Y.

The moonlight sail to West Point and return given by the Alumnae Association of Vassar Brothers' Hospital Training School for Nurses June 17, 1908, was a decided success both socially and financially. Much credit is due the committee in charge, which was: Miss Mary E. Still, first chairman; Miss Martha E. Johnson, second chairman; Miss Jennie D. Wood, Miss Minnie H. West and Miss Claribel Wheeler. Refreshments were served and dancing was enjoyed on board.

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Camp Roosevelt.

The next meeting of Camp Roosevelt will be held on Wednesday, September 9, from 2:30 to 5 o'clock, at 596 Lexington avenue, New York City.

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Personal.

Among the students taking the Summer courses in the Swedish system of massage and gymnastics, electro- and hydro-therapy at the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia, are the following nurses:

Miss Julia Crosby Wright, of New Hamburg, N. Y., graduate Bellevue Hospital, New

York; Head Nurse of Emergency Hospital, Bellevue; Asst. Supt. Englewood Hospital, Englewood, N. J.; Resident Nurse at Wellesley College Hospital, Wellesley, Mass.)

Miss Delphina E. Capling, Cannington, Ontario, Canada, (graduate St. Luke's Hospital, Newburgh, N. Y.; Resident Nurse at Wellesley College Hospital, Wellesley, Mass.)

Miss Florence Victoria Schell, Wallum Lake, R. I., (Westboro Insane Hospital, Westboro, Mass.; Rhode Island State Sanatorium, Wallum Lake, R. I.)

Miss S. Amelia Schuler, Hazleton, Pa., (graduate Philadelphia Lying-In Charity Hospital and Pottsville Hospital, Pottsville, Pa.; Seaside Hospital, St. John's Guild, New Dorp, Staten Island).

Miss Lavinia Hutt, Roxbury, Mass. (graduate Posse Gymnasium, Boston, Mass.; in charge of Dr. E. G. Brackett's Gymnasium, Boston, Mass.)

Mrs. Myrtle Edith Sherbon, Colfax, Iowa (Victoria Sanitarium, Colfax, Iowa).

Miss Stella Marie Waterhouse, Maitland,



A GROUP OF TRAINED NURSES WHO GRADUATED WITH THE WINTER CLASS, '08, AT THE PENNSYLVANIA ORTHOPAEDIC INSTITUTE, PHILADELPHIA, PA.

Miss Frances M. Reyner, Ansley, Nebraska (Dr. Bailey Sanatorium, Lincoln, Nebraska).

Miss Wavie H. Stiles, Sioux City, Iowa (Samaritan Hospital, Sioux City, Iowa).

Miss Harriet Cleek, Lexington, Kentucky (graduate Good Samaritan Hospital, Lexington, Kentucky; post-graduate Free Hospital for Women, Brookline, Mass.; Head Nurse of Infirmary of Eastern Kentucky Asylum for the Insane; Head Nurse of Dr. Cowan's Private Hospital, Danville, Kentucky).

Miss Annie Rebecca Wallace Moore, Collingwood, Ontario, Canada (graduate Collingwood General and Marine Hospital).

Florida, (graduate St. Barnabas Hospital, Newark, N. J.; Harris Sanatorium, Orlando, Fla.)

Miss M. S. Atchison, who has been Matron of the Miners' Union Hospital, Goldfield, Nevada, returned to her home in Ottawa, Canada, about August 15.

Miss Stella Day, who has been in charge of the Trail Hospital, B. C., for the past year, left for the East August 15.

Miss E. Templeton has resigned her posi-

tion as Superintendent of the Woman's Hospital, Montreal, Canada, and is taking a much needed rest at Calgary.

Miss Elizabeth Brown has been appointed Superintendent of the General Hospital, Moosomin, Sask., Canada. Miss Brown is a graduate of Harper Hospital, Detroit, Mich., and an R. N. of New York City, and has been doing private nursing in New York City for the past six years.

Mrs. Elizabeth Hartsock, who has filled the position of Supervising Nurse at the City Hospital, Springfield, Ohio, has resigned her position and gone to her home in Spring Valley. In appreciation of her work at the institution a number of the members of the hospital staff and city physicians got together and made a trip to the hospital to bid her farewell. Mrs. Hartsock was presented with a beautiful pin, the presentation speech being made by Dr. R. L. Bell. A letter of recommendation was also given her by the members, and signed by a long list of physicians who are called into consultation at the hospital. After a few days' rest at her home Mrs. Hartsock will go to Birmingham, Ala., where she has been engaged to take charge of a large private hospital.

Miss Maud de Chantal Browne, a graduate of the Memphis City Hospital Training School for Nurses, has gone to Panama, where she will enter active service in one of the Government's hospitals for the canal workers.

Mr. Max J. Walter, the superintendent of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia, has gone to Europe to investigate the latest methods used in mechanical treatments abroad.

Miss Anna M. Drake will be placed in charge of the Princeton Hospital, Princeton, Ill. It is stated that Miss Drake will establish a training school for nurses in the very near future.

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Born.

A little baby girl arrived at the home of Dr. and Mrs. H. L. Botsford, of Worth, West Va., on July 11, 1908. Mrs. Botsford

was Miss Lesta Caylor, graduate of the Maryland General Hospital, Baltimore, Md.

July 21, 1908, at Trail Hospital, B. C., to Dr. and Mrs. Patterson, a daughter. Mrs. Patterson was Miss Lilian Sheppard, graduate of The Lady Stanley Institute, Ottawa, Canada.

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Married.

Miss Mary Campbell to Mr. William Samuel Gilchrist, on Saturday, the 8th of August, in the Baptist Church, One Hundred and Twenty-fifth street, New York. Mr. and Mrs. Gilchrist will make their home in New York City after a months' visit in Washington, D. C. Mrs. Gilchrist graduated in Glasgow, Scotland.

Obituary.

Miss Annie Cook died July 31st at Mountainside Hospital, Montclair, N. J., as the result of an operation. Miss Cook was a prominent nurse of Baltimore, Md., where she had for many years acted as superintendent of Dr. Howard A. Kelley's Sanitarium. She was a graduate of the Woman's Hospital Training School for Nurses of Philadelphia, Pa.

Whereas, It has pleased Almighty God to call to Himself from our midst our beloved sister, Emily Wilson Woodly, at the age of seventy-three years;

Whereas, Her professional career had placed her mother of all nurses;

Therefore, be it Resolved, That the Alumnae Association of the Philadelphia Lying-in Charity Hospital express the loss of a dear member in the death of Mother Woodly, whose bright mind and smile endeared her to all of us who knew her so well, even President Lincoln, from whose hands she received the only commission ever given to a woman—that of Captain.

Resolved, That the memory of her life proved a monument more enduring than granite;

Resolved, That we, members of this association, send our sincere sympathy and deep condolence to her bereaved family, and direct that a copy of these resolutions be sent to her family; also, that they be entered on the minutes of this association as a mark of our love and respect.

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	Union Suits (all shapes) regular sizes	1.00
	Extra size	1.25
No. 543	White Light Weight Merino, Vests, Drawers, Tights, Corset Covers; per garment.....	\$.85
	Extra sizes	1.00
	Union Suits (all shapes) regular sizes	1.25
	Extra sizes	1.65
No. 546	White Medium Weight Merino 50% Wool, Vests, Drawers, Tights, Corset Covers; per garment.....	\$.75
	Extra sizes	1.00
	Union Suits (all shapes) regular sizes	1.65
	Extra sizes	2.00
No. 547	White Medium Weight Merino 85% Wool, Vests, Drawers, Corset Covers; per garment....	\$1.00
	Extra sizes	1.25
	Union Suits (all shapes) regular sizes	2.00
	Extra sizes	2.50

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The Hospital Review

The Hospital System of Greater New York.

A couple of years ago, in a paper contributed by Dr. S. S. Goldwater to "Our Charities," an English magazine, the following striking and significant statements occur: "The problems which confront this country (the United States) are more vast, more complex and fraught with greater possibilities for good or ill than those which face hospital managers elsewhere, and a master hand is needed for their solution. Unprecedented capital, which finds its sources both in the public purse and in private fortune, is being poured into American hospital enterprises, but a comprehensive plan of hospital development, whether national, State or local, is lacking, although new hospitals, supported by either public or private benevolence, are being built at the rate of about fifty every year, their distribution is apparently determined by no law of need.

"While it is praiseworthy to prevent a waste of supplies in any given institution, it is ten times more important that gross waste of social capital and effort be avoided, and as a means to this avoidance it is essential that a body of reliable facts be accumulated and made accessible."

The Standing Committee on Hospitals of the State Charities Aid Association of New York has for some time been making a careful study of hospital conditions in the City of New York, with a view to formulating a general plan of adequate hospital accommodations for the city as a whole, so that any new hospital, both as to its location and size, should form a part of a well-considered and comprehensive hospital system. An expert investigator and student of social conditions, Mr. Phil P. Jacobs, has been engaged for months in securing the facts needed before a plan could be intelligently formulated.

The committee, after a careful study of these facts, has presented its recommendations to the Board of Managers. The report

on present conditions and needs regarding hospital conditions in the metropolis and the recommendations have been published in a pamphlet of 83 pages. This pamphlet, and an accompanying pamphlet dealing with the ambulance service in Greater New York, must be regarded by all who are interested in hospital conditions in general as one of the most significant and important contributions ever made to hospital literature in America. The recommendations deal with the following questions: "Of what size should hospitals be? What should be their exact location, classification and relation one to another? What class or classes of patients should be received in each?" The following general principle is stated: That a sick person who is to receive hospital care should receive that hospital care in his own neighborhood (with certain exceptions otherwise provided for).

The first recommendation refers to the establishment of emergency relief stations with six to eight beds, in districts in which no hospital exists and in which conditions do not require the establishment of a local hospital. Other recommendations provide for the establishment of local hospitals of from 100 to 200 beds and the continuance and enlargement of existing hospitals, each with adequate ambulance service. This class of hospitals is to be devoted to the care of acute surgical cases, such as accidents, appendicitis, &c.; acute labor cases and acute medical diseases, which will include persons afflicted with Bright's disease, pneumonia, hemorrhages, apoplexy, typhoid fever, &c.

A third class of general hospitals of from 1,000 to 1,500 beds is recommended, these to be erected so as to admit of careful classification of patients, with a view to securing for each class the best environment possible. These hospitals are to provide for non-acute cases, such as anemias, chronic heart and lung diseases (except tuberculosis), nervous affections, chronic diseases of stomach and intes-

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tines, general surgical cases, venereal diseases, &c.

Special wards, with the best possible facilities, are to be devoted to children's diseases, eye, ear, orthopedic, gynecologic and other special classes of patients.

Convalescent hospitals should provide for cases in which the period of convalescence is protracted, such as typhoid fever, fractures, rheumatism, &c., while hospitals for hopeless chronic cases, such as advanced cancer, locomotor ataxia, paralysis, &c., form a part of the general scheme of hospital development.

Hospitals for tuberculosis and for acute contagious diseases are not dealt with in the report, except for the general recommendation that tuberculosis patients should be excluded from both local and general hospitals as rapidly as separate hospitals for their care can be provided.

Closer co-ordination of hospitals, public and private, with the agencies assisting in caring for the poor in homes is urged as being of direct benefit to the hospitals and to many classes of patients whose complete return to fitness for work would be greatly helped by a supervision and supplementing of home care during a mild convalescence.

The committee also directs attention to the fact that, while New York City has some sixty general hospitals, and ought to be the great centre for medical education in the country, attracting physicians and nurses for study from every State, it has not a single large general hospital with a service classified so as to afford wards for all the important diseases and with all the structural and environmental facilities required for treatment. The statement is made that most of the sixty hospitals are small and imperfectly equipped, and that in proportion as these hospitals multiply the development of the large general hospitals, with their magnificent possibilities in the line of scientific advance and general benefit to humanity, will be retarded.

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Columbus Hospital

Columbus Hospital is the name of the new hospital which has been recently opened in Buffalo for the especial accommodation of

Italian patients. It is owned and managed by Dr. Charles Borzilleri, a leading Italian physician of the city, who has long felt the need of an institution that would especially adapt itself to the needs of his countrymen. It is of brick, is newly fitted and furnished, and presents an attractive appearance that will be enhanced when all the plans are completed.

The laity may not realize its advantages, but the discerning eye of the surgeon, physician or nurse readily perceives the excellent judgment displayed in selecting the flooring of the hospital, a firm, solid, absolutely immovable substance, known as terrazzo, being used. This material is an invention of a fellow countryman of Dr. Borzilleri. It has been extensively used in the construction of hospitals in Italy and other European countries, and is coming into general use in this country. It is made of cement, which, when finished, assumes extreme hardness. In this cement are imbedded tiny particles of variously colored marble. When the cement has hardened about the bits of marble, its exterior is polished by a peculiar process until it assumes a surface of brilliant smoothness. It is the only absolutely sanitary flooring material known. No germ, no matter how tiny or secretive it may be, can find lodgment in its surface.

Dr. Borzilleri was particularly happy in the selection of the location of his hospital. This institution is intended for the care of afflicted persons of all nationalities, but the expectation is that a majority of those who will go there for treatment will be persons of Dr. Borzilleri's nationality. The location of the hospital is especially convenient to the large and constantly increasing Italian element of Buffalo's population, being in the heart of the Italian section, and midway on a stretch of Niagara street that is being converted rapidly into an Italian business thoroughfare.

Dr. Borzilleri seems to have been especially fortunate in securing a name for his new institution, it being christened after Columbus, who is equally revered in this country, which he discovered, and in Italy, which gave him birth. It is truly an American-Italian appellation.

A TONIC TRINITY

to replenish *Iron Reserve*, diminish *Hemolysis*, and tone up the *Nervous System* is contained in

Hemaboloids ARSENIATED
(with *Strychnia*)

palatable, non-irritating and absorbed in spite of deranged digestive function. Pre-digested albuminoids and Bone Marrow Ext. add *Nutrient* and *Reconstructive Value*.

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FEELING IS A SENSE
FEELING PAIN
NONSENSE

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THE ANTIKAMNIA CHEMICAL COMPANY
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When you write Advertisers, please mention THE TRAINED NURSE.

Book Reviews

Golden Rules of Dietetics, the general principles and empiric knowledge of human nutrition, analytic tables of foodstuffs, diet lists and rules for infant feeding and for feeding in various diseases, by A. L. Benedict, A. M., M. D., Buffalo, Member of American Academy of Medicine and of American Gastroenterological Association, etc., author of *Practical Dietetics*. Price, \$3.00, cloth, 1908.

The book before us has among its special claims for commendation one characteristic which the author carries through his whole work, namely: A middle course between the purely scholastic scientific research works and the so-called "practical" works which are purely empiric and entirely devoid of all scientific basis. The importance and the application of the former view to the needs of the active practitioner of medicine is not lost sight of, while, on the other hand, the individual requirements are so adjusted upon a scientific basis that their application is easily grasped by the busy physician. This fact is seldom recognized in books on this subject. They are usually so scientific that their value is small to the general practitioner not versed in advance research, or they strive so hard to be practical that they are worthless.

In Chapter I. physiological chemistry is presented tersely, plainly and without a detailed account of either the physiologic or the chemic process by which the established facts are attained. Chapter II. goes into the daily requirements of the body in calories and in terms of proteid, carbo-hydrates and fat. The standard diet in health, the quantitative estimation of the diet, and the checking of the diet by weight and the excretions are each given separate chapters. The provision of nature in regulating the vicarious use of approximately similar foodstuffs, as well as in the accommodation of the variations in the individual likes and dislikes in diet, explains the conversion of the great variety of food and the various forms of preparation into the same average quantity of a similar group of foods to meet

the requirements of the individual. The practitioner cannot ignore quantitative methods of estimation of diet any more than he can ignore the same process in drug administration, with this difference, however, that while scientific metabolism experiments require the extemporaneous analysis of foods used and very exact weighing, the practice of dietetics can almost always be conducted by reference to analytic tables, and the dose of foodstuffs is so large and subject to so much variation within physiological limits that only approximate accurate weighing is required, and even measurement of liquids and enumeration of foodstuffs of fairly constant average weight will suffice. The physician should have a knowledge of the approximate composition in proteids, fat and carbohydrates of a few commonly used foodstuffs, as well as of the standard rations expressed in calories from which he can estimate readily the value of a given certain cut of meat or a slice of bread or a stated quantity of potato, etc. This faculty in estimating food values by the eye can very easily be obtained under ordinary domestic circumstances, and is of great value, not only in enabling the physician to prescribe the diet of his patients, but as a matter of personal hygiene. The author bases his text upon these simple principles, and by the use of a sufficiently large number of tables the quantitative and qualitative estimation of diet is reduced to the greatest simplicity. This same simple process is carried into the more exact method of checking the diet by weight and the excretions. In the chapter on the transmutability and reservation of foods the author explodes many current notions on diet regime, and shows the danger apt to result from such fads. In Chapter VII. the important and practical question of economic and physiologic waste of food material is presented clearly and its practical bearing pointed out. In the chapter on emergency methods of feeding the author makes it clear that no adequate substitute for normal ingestion can be devised which does not pass the food through at least the greater part of the small intestine.

APPRECIATION

Postum, Grape-Nuts, and the "Clinical Record."

There is, possibly, nothing more pleasing to one who honestly strives to accomplish a worthy end, than appreciation.

The originator of postum saw the great harm that was being done by coffee (not as a medicine—that's the physician's field, solely), but as a beverage of almost universal use among the laity.

Knowing that habit can be changed, the change from coffee to postum (a wholesome beverage made from whole wheat) was thought out and thousands of persons have shown their appreciation of the results.

Then came grape-nuts, and the appreciation was again in evidence. And no one has been more appreciative than the American doctor, whose training makes him scientifically critical, and who has shown his appreciation of these pure food products—postum and grape-nuts—in many ways. And this, in turn, causes the highest sense of appreciation to rise in the mind of the maker and purveyor of these foods.

With this in view, the "Pocket Clinic I Record" and "Dietetic Remembrancer" was compiled by the Scientific Department of the Postum Co., as a token of appreciation to the American Doctor, than whom there is no bigger, broader, more scientific and humane anywhere on earth!

Doctor, if you have not yet received a copy of the "Clinical Record," you have only to send in your name and address to have name stamped in gold letters on your copy of this useful, compact (pocket size) record for daily bedside use.

Also, ask for samples of postum and grape-nuts, which will be sent pre-paid. Address

POSTUM CEREAL CO., Ltd., Battle Creek, Mich., U. S. A.

(Not connected with any Sanitarium.)

On the much mooted question of the value of nourishment by enemata the author takes a conservative stand, yielding neither to the school advocating the use of small injections at frequent intervals, nor to those who argue that large injection at longer intervals is the better course, acknowledging neither the claims of those who contend that rectal nutrition satisfies physiological needs nor agreeing with those who hold the extreme pessimistic view that all rectal nutrition is merely a placebo. The preservation of foods, the methods of cooking, the composition of natural and commercial foodstuffs and the adjuvance to foods are all presented in a way to be of the greatest practical utility to physician and nurse. In the chapter on purin bodies the uric acid theory of the origin of many affections is given much consideration. The author believes that the general clinical conception of a uric acid diathesis, or better, dyscrasia, may be retained under the less specific name of purinaemia. Valuable tables, giving the quantities of purins in meats, vegetables and beverages are inserted here and substantiate the view held by the author. The constituents of animal foods, the distinctly deleterious foods, parasites and chemic poisons are next considered.

Chapter XVII. begins with the general hygiene of eating and is followed by a chapter on diet lists. Separate chapters are given to infant feeding, diet in critical physiological periods of life, and dietetic principles according to general pathologic conditions. The valuable analyses of foods by Atwater and Bryant are incorporated in a condensed form. Chapters XXIV. to XLV. inclusive deal with the various diseases of organs, tissues and fluids of the body. To present the advantages of each chapter would carry us beyond the scope of this review. Suffice to say that the facts presented are in harmony with the most advanced teaching and in accordance with established facts rather than following theories and fads. The importance of dietetics as a preventive, palliative and curative factor in many affections is to-day so well recognized

that it has, in the treatment of many diseases, supplanted drug therapy entirely.

The book before us fulfils admirably these qualifications.

Borderland Studies, miscellaneous addresses and essays pertaining to medicine and the medical profession, and their relations to general science and thought. Volume 2, by George M. Gould, M. D., formerly editor of *The Medical News*, *The Philadelphia Medical Journal*, *American Medicine*; and author of *Gould's Medical Dictionaries*. Illustrated, 1908. For sale by Lakeside Publishing Company.

In *Borderland Studies* Dr. Gould publishes a characteristic and interesting volume. He is a man of strong convictions and expresses them frankly and forcibly.

This book is good reading, not only for the medical profession, but for nurses, and even for laymen. Perhaps a list of chapters will give the best idea of the scope of the work: *The History of the House*; *A System of Personal Biologic Examinations*; *The Life Study of Patients*; "The Seven Deadly Sins" of Civilization; *Disease and Sin*; *King Arthur's Medicine*; *Some Intellectual Weeds of American Growth*; *Concerning Crank, Megalomaniac, Morphinomaniac, Dotard, Criminal and Insane Physicians*; *Some Ethical Questions*; *History and Psychology in Words*; *Style*; *Child Fetiches*; *The Story and Lessons of an Unknown Hero's Life*; *Vocation or Avocation*.

Strange as it may seem, the first chapter, *A History of the House*, a subject which many might think lacking in matters of interest, is, on the other hand, made exceptionally fascinating by Dr. Gould. Incidentally, it is very interesting and instructive to read how recently washing has come into fashion.

Another chapter of interest is *King Arthur's Medicine*. On the whole, this book strongly reminds us of some of the elegant and fascinating essays of the celebrated English writer, Dr. Doran. We most highly recommend it.

District of Columbia.

The Nurses' Examining Board of the District of Columbia will hold examination of

applicants for registration on November 16, 1908. Apply to Secretary of Board for particulars.

WHERE?

WHERE in the materia medica does the physician look for the most suitable hemogenetic agent? WHERE does he find iron and manganese—Nature's hematinics—most scientifically combined in condition for immediate assimilation? WHERE can he find such a preparation in a form as palatable, bland, non-irritant and readily tolerable as

Pepto-Mangan ("Gude")

which can be depended upon as a blood-constructing and nutrition-stimulating reconstituent in Anemia, Chlorosis, Bright's Disease, Marasmus and Innutrition generally?

In original bottles only. Never sold in bulk. Samples and literature upon application.

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The Best Food for an Infant

Death and sickness among babies are due for the most part to improper feeding. The best food for an infant is its mother's milk. When circumstances deprive the child of its natural food the practitioner is confronted with the problem of supplying a muscle-making, fat-forming, bone-building food in a readily assimilated form.

Lactated Infant Food

is a perfect nutriment for babies, scientifically prepared. The principal element in woman's milk is Sugar of Milk. Only pure Milk Sugar is used in Lactated Infant Food, the nearest approach to Breast Milk known and an ideal food for the child that supplies its every need. Liberal samples on request.

Physicians who wish to give Lactated Infant Food a careful trial may have samples sent direct to patients by forwarding to us names and addresses.

WELLS & RICHARDSON CO.
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The Editor's Letter-box

The Red Cross Emblem.

To the Editor of The Trained Nurse:

Will you not afford space in your valuable journal for a word to our friends in the hospitals of New York State and elsewhere who have been making use of the Geneva or Red Cross as a means of raising funds on "tag days" and similar occasions in innocent (no doubt) but express violation of the charter rights of the American National Red Cross and of our treaty obligations as a nation?

It is probable that the hospitals are not aware that they are misusing the insignia of the Red Cross, still less that in doing so they are injuring the Red Cross itself. They have found other persons and institutions using the red cross and doubtless have thought it harmless for them to use it, especially for a purpose more or less like that of the Red Cross. When they learn that the red cross is the common symbol of all army hospital corps and auxiliary Red Cross societies which protects the sick and injured and the hospital personnel and material from attack in time of war, and that now, all over the world it has come to cover and signify this special and official kind of protection, relief and prevention of sickness and injury in war, disaster and pestilence, they will realize that it cannot be used loosely without having its usefulness seriously impaired.

Emergency relief, indeed, on the large scale which the Red Cross has to undertake in times of calamity, can only be organized through long previous preparation. It is in part as a preparation for its other duties that it has embraced this year what is, perhaps, the greatest mission of all, that of combatting tuberculosis, which slays its hundreds, where war slays its tens. Preparation is a question of educating and rousing the people to protect themselves. It cannot be done in a minute. Millions of dollars are needed before a tolerable condition of preparedness can be reached. The problem of stopping the ter-

rible drain of life and power is a vital one to America and the assistance of all her children is needed, not only in the multitude of important special ways of which the hospitals are worthy examples, but in other larger general and more inclusive modes.

Only those concerned with questions of a large and general nature know how difficult it is to secure and hold the popular attention to a subject after the crisis has passed. It is particularly difficult to make our American people realize that war and disaster and pestilence are coming again and again to exact their frightful harvest of death and suffering, unless something is done to check them, and that it is infinitely more merciful (as well as sensible) to take pains for prevention than for belated relief. The need of a symbol which shall recall and summarize to the popular mind what has been done along this line and what remains to be done, is plainly apparent. Its significance is what gives it its value. This is why the hospitals like to use the picturesque Geneva Cross and precisely why they should not use it. Every misuse makes for confusion and the loss through confusion falls ultimately and heavily upon the people themselves, whose organization the Red Cross is.

Our national Red Cross is not, as some people imagine, a private and exclusive society. It is, instead, the whole people organized for the purpose of preventing suffering and loss of life. Everybody, man, woman, or child, may become a member and have a voice in it. It is public and official; one third of the members of the Central Committee are appointed by the President of the United States, the finances are audited by the War Department, and a report is annually made to Congress. It is linked with the Red Cross societies of forty-two other nations, whose total membership is upward of five million members.

It may be asked, perhaps, why, with this important role, the Red Cross has not been given power to protect itself. The answer is

A Short Chapter on INFANT FOODS

When your baby requires an artificial food, it is essential that the basis of it be *fresh* cow's milk, as it contains the vital life-giving principles that all dried "milk foods" lack.

It is necessary, however, to break up (technically called "modify") the tough casein curds in the milk, so that it can be readily digested.

ESKAY'S FOOD

is an effective and convenient cereal modifier which mechanically modifies cow's milk, so that the casein curds become soft and flocculent and can be assimilated by the most delicate stomach. Prematurely-born infants (with the weakest possible digestive apparatus) are frequently raised on cow's milk modified with Eskay's.

Milk when modified with predigested cereals will contain an excess of fermentable sugar, which makes soft and flabby tissues and is liable to cause intestinal troubles.

The experience of physicians, acknowledged as authorities, is that fresh cow's milk properly modified with Eskay's Food is the *nearest* approach to mother's milk. That it produces healthy, well-developed children, is shown by the thousands of photographs sent us, one of which is reproduced here.

Our book, "How to Care for the Baby," and ten feedings of Eskay's, will be gladly sent free, on request.



Gertrude Anna
Porter
New Waterford, O.

Her mother writes:

"I feel that if it had not been for ESKAY'S FOOD, we would not have our baby to-day. When born she weighed but nine pounds, and when four months old but seven pounds. We tried everything, without success, when finally we gave her ESKAY'S. It agreed with her from the start. She gained two pounds the first week and is now perfectly healthy and well developed."

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that it has been given such power. By an act of Congress, January 5, 1905, the misuse of the Red Cross is made a misdemeanor, punishable by fine or imprisonment, or both. Although the Red Cross has power to prosecute, it feels it better to be merciful here, also. The abuse of the Red Cross is not of recent standing. Many persons and institutions are using it in innocent ignorance of the injury they are causing. Moreover, the Red Cross has not until recently made an attempt to protect its insignia. It has depended upon the loyalty of the people. Our people, however, are a busy people engrossed to a large extent in their own affairs, and something in the nature of a reminder seems to be needed. May I take the liberty of offering it in this present form, and beg especially of the hospitals which have the interest almost of kinship in the Red Cross to help secure the latter in its emblem? The Department of Charities of New York City, thanks to Commissioner Heberd and Bellevue and the allied hospitals of New York City, have set a splendid example to the hospitals of the country by changing from the red cross to the symbol of Aesculapius and to the green cross, respectively, and it is already bearing fruit. Will not the members of the hospital boards as distinguished and enlightened members of the community do as much?

Yours very truly,

H. F. DRAPER,

Secretary, New York State Branch.

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With Charity Toward All.

To the Editor of *The Trained Nurse*:

"Subscription has expired." Renewal is requested if I like the Trained Nurse. Certainly I do! Who can help liking it? Criticisms and suggestions? None. In an autumn number Graduate Nurse says of a practical nurse that she so neglected her duty that mother and child were infected. Therefore, thinks that one case is enough to condemn the whole tribe of practice! Where was the physician in charge of the case? How many mothers and babes can have a hospital trained nurse, or even a practical, or correspondence nurse care for them? Yet a large number live and thrive, never knowing what they have missed! Then there are correspondence and other varieties and grades of nurses who carry 'goose grease,' etc., around with them, so

Graduate says. How many hospital graduates of our acquaintance have become addicted to the use of worse "dope"? I can name a few of our hospital alumnae. Alas! that it must be said! To, and for me, hospital training is essential, but I have known and nursed with on severe cases, five different nurses, all without any hospital training. Two were practical nurses, bright and capable. They were so worthy of a better chance, if they, and their wages, could only have been spared long enough for a hospital course. Still no training school could have made them more tactful, gentle and kind. Three were 'Correspondence school' nurses, and certainly competent! All three were high school graduates, and had been school teachers. They showed me the literature and lectures of their school. Nowhere did I see counsel to use "goose grease," or ever to disobey the orders of the physician in charge of case. Lectures were good in theory, and in more practical form than my hospital lectures listened to and jotted down when I was oh, so weary! To the criticism of "high-priced theory" they said that each one had earned enough in a month or two to pay for them, while I had spent several years in the hospital, part of the time caring for the patients, the other part saving "scrub ladies" hire. Senior nurses, superintendent, internes, were present to advise me. They had to rely upon themselves, and the busy doctors for whom they nursed. They have been in private practice for five years, have had practice in medical, surgical and obstetrical nursing and have cared for certain contagious diseases which were not taken at our hospital, and in which, so far, I have had no experience. Another point is this: Their school advertises in good magazines, whose readers do not trot in the "goose grease" class.

This is not a "boost" for the correspondence school, only a mild protest to letter writers to use more moderation in condemning those who do not think as we do. Why do not hospitals with a two years' course advertise in first-class magazines, and in our Trained Nurse, so we might recommend them to would-be nurses? At least we can cordially invite the nurses who have not hospital training to subscribe for the Trained Nurse, thereby obeying the Golden Rule.

M. B. B., Hospital Graduate.

The **'Allenburys' Foods.**

Provide nourishment suited to the needs and digestive powers of the child from birth onward, according to the development of the digestive organs.

The "Allenburys" Milk Food "No. 1"

Designed for use from birth to three months of age, is identical in chemical composition with maternal milk, and is as easy of assimilation. It can therefore be given alternately with the breast, if required, without fear of upsetting the infant.

The "Allenburys" Milk Food "No. 2"

Designed for use from three to six months of age, is similar to "No. 1," but contains in addition a small proportion of maltose, dextrine and the soluble phosphates and albuminoids.

The "Allenburys" Malted Food "No. 3"

Designed for use after the fifth or sixth month, is a partially predigested farinaceous food needing the addition of cows' milk to prepare it for use.

Physicians familiar with the "Allenburys" Series of Infant Foods pronounce this to be the most rational system of artificial feeding yet devised. Their use saves the troublesome and frequently inaccurate modification of milk and is less expensive. Experience proves that children thrive on these Foods better than on any other artificial nourishment

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A teaspoon of **Horsford's Acid Phosphate** added to a glass of cold water makes a cooling and refreshing acidulous drink for the patient during convalescence from typhoid and other febrile conditions.

Its superiority over Dilute Phosphoric Acid, or any other acid, is due to the fact that it contains the phosphates of calcium, sodium, magnesium and iron, which means increased nutrition.

Horsford's Acid Phosphate

is more palatable and strengthening than lemonade, lime juice or any other acidulous drink.

RUMFORD CHEMICAL WORKS, Providence, R. I.

New Remedies and Appliances

Antithermoline.

The manufacturers of this preparation are offering the nursing profession a free copy of their new book, "Nurses' Handy Book."

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Bender's Liquid Soap.

It is an absolutely pure soap, and, being liquid, it seems to penetrate the cuticle more thoroughly than soap in solid form, and instead of irritating, it tends to soothe the mucous membrane.

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Soft and Fluffy Hair.

Packer's Tar Soap is equally valuable, no matter what the color of the hair. Packer's Tar Soap is unlike any other soap. It may be used for shampooing hair of any color, and is especially recommended for white and blond hair, making it very soft and fluffy.

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Pulvula Foot Powder.

Shaken into the shoe, this light powder readily finds its way through the stocking to the foot and does not cake on the insole. It destroys all odor. Stops excessive perspiration. Gives great comfort to all troubled with corns, bunions, calloused and smarting feet.

Sold in Red triangular cans at 25 cents.

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Burn by Hot Jelly.

Child two years old frightfully burned on the face and head by the spilling of a bowl of hot jelly. I dressed the wound with Unguentine only, with the result that it healed quickly and without scar.

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Chapman, Kan.

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More Than Pleased.

Ogden & Shimer, Pharmacists, Middletown, N. Y.:

Gentlemen—Please find enclosed \$1.50, for which send me six boxes of your Mystic Cream. I received a sample some time ago and was more than pleased with the benefit I got from its use. Hoping to hear from you soon,

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Better Known, Better Liked.

The more that is known about Baker's Chocolate the more it is valued as an article of food. Students of the science of nutrition place it very high among the foods which yield the most for the least money. One remarkable thing about it is that it can be consumed with equally good results in hot and cold climates.

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Blood Nourishment During Lactation.

At the time when a mother must share her food supply with her child the liability to systemic depletion is great. If the quality of the blood in the mother is allowed to fall below normal, the food of the child will not be of proper life-forming quality. Pepto-Mangan (Gude) restores depleted conditions of the blood by feeding it with manganese and iron. It builds rich, red blood and is a nutrient and general reconstructive tonic.

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Feeding Typhoid Patients.

Milk for some persons, in health or disease, is clearly a poison. They completely fail to digest it, and it produces a gastrointestinal disturbance which in many cases is quite serious. Patients of this class digest milk even less when they acquire a prolonged fever. Others with whom milk agrees become very tired of it after taking it exclusively for a long period. This complication does not occur when Bovinine is employed, and the convalescent period is undoubtedly shortened.

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Of Value In Tuberculosis.

In a paper read by invitation before the Am. Electro Therapeutic Association and published in the *New York Medical Record*, Oct. 13th, 1900, I particularly referred to the value of the Nauheim Bath in the treatment of pulmonary tuberculosis. In this institution we have utilized the Nauheim Bath as part and parcel of daily routine for a period of over five years, and consider it an adjunct of prime importance. Very truly yours,

(Signed) M. J. Brooks, M. D.,
Sanitarium, New Canaan, Conn.

The Dangers of Cow's Milk

THE recent epidemic of Scarlet Fever in Chicago has awakened the whole country to the grave danger lurking in the Milk Supply of our large cities. Wherever milk is used that has not been properly safeguarded from the cow to the consumer, the infant mortality will always be high.

Coincident with the Chicago Epidemic there comes a Report of the British Royal Commission on Tuberculosis. After five years' investigation, the Commission confirms the theory of Von Behring, that the tuberculosis of cows is a constant menace to the human race, and that consumption developed in later life has often been contracted in infancy from tuberculous milk.

Nestlé's Food

does not require the addition of milk in preparing it for use, as it is a complete diet in itself. The basis of Nestlé's Food is cow's milk, so treated and modified that it will be easily digested, and will resemble mother's milk in its composition, as closely as possible. The milk supplied to the Nestle Factories is collected under the most rigid precautions, from cows that are under the constant supervision of the Company's Veterinarians. Furthermore, the process of manufacture completely sterilizes the milk. This is fully set forth in our pamphlet, "Recent Work in Infant Feeding." A copy of this, with samples of Nestlé's Food, we will be glad to send to any physician.

HENRI NESTLÉ, 72 Warren St., New York.

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Swedish Movements, Medical and Orthopaedic Gymnastics

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The First Symptoms of Migraine.

Dr. J. J. Caldwell, of Baltimore, Md., in "Medical Progress" writes as follows: "During the premonitory stage we can generally abort, or rather prevent, the development of an attack by the administration of two anti-kamnia tablets. They should be given as soon as the first symptoms of the attack are manifest. If then all symptoms are not speedily dissipated, another dose should be given in three-quarters of an hour or an hour."

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Passiflora for Nerves.

Daniel's Concentrated Tincture Passiflora Incarnata is unequaled as a calmative. For every trouble of a purely nervous character, or developed from nerve derangement, as drawn and jerking tendons in the limbs, it invariably proves most beneficial. Passiflora does not produce constipation, and in this virtue recommends itself strongly to the medical profession, who prescribe Passiflora for nervous women, teething babies, neuralgia, hysteria, preceding and during childbirth, during the menstrual period, pregnancy and the menopause.

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Chr. Hansen's Junket Colors.

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J. HOBERT EGBERT, M. D., Ph. D.

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DR. CHAS. T. MITCHELL,
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 Academy of the Sacred Heart, Chicago, Ill.
 St. Mary's Academy, Notre Dame, Ind.
 St. Mary's Female Orphan Asylum, Baltimore, Md.
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The Publisher's Desk

The Trained Nurse and Hospital Review

A Monthly Magazine Devoted to Trained Nursing in Private Practice and in the Hospitals of the Country

Editor

ANNETTE SUMNER ROSE

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has no free circulation. Its price is \$2.00 a year, and it is worth it. It is published in the interest of the profession, screens no swindlers, puffs no humbugs, and does not take half its space to tell how good the other half is.

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Illustrations for articles are particularly solicited. All expense for drawings, plates, etc., will be borne by the publishers.

No responsibility is accepted by the Editors or publishers for the opinions of contributors, nor are they responsible for any other than editorial statements.

Books and monographs will be reviewed promptly.

Short, practical notes upon personal experiences or brief reports of interesting cases, with results from remedies, new or old, will be welcomed.

The Editors and printers will greatly appreciate the courtesy of having all manuscript typewritten; or, if this is impossible, clearly written, great attention being given to proper names and medical terms.

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BOOKS FOR REVIEW.

We sincerely regret, that in spite of our best endeavors to keep up to date with our book reviews, we are unable to do so. So much space is required for the actual articles and important news of the profession, that we find that we receive more books each month than we can review in the next number.

We have now on hand the following works: *Essentials of Dietetics in Health and Disease*, by Amy Elizabeth Pope, Presbyterian Hospital, New York City, and Mary L. Carpenter. Price \$1.75.

Second edition, *Fever Nursing*, by Reynold Webb Wilcox, M. D. Price \$1.00.

Fourth edition, revised and enlarged, *An Aid to Materia Medica*, by Robert H. M. Dawbarn, M. D. Price \$1.75.

The True Way of Life, by Nanny R. B. Baughman. Price \$1.00.

The Care and Nursing of the Insane, by Peter J. Bailly, M. D.; C. M. Edin. Price \$1.00. (An English publication.)

Consumption, Its Prevention and Cure Without Medicine, by Charles H. Stanley Davis, M. D., second edition, enlarged. Price \$1.00. *Consumption, How to Prevent It and How to Live With It*, by N. S. Davis, M. D., second edition. Price \$1.00. *Tuberculosis, Its Origin and Extinction*, by W. Pickett Turner, M. D. Price \$1.00. This last one is an English book.

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The Trained Nurse and Hospital Review

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No. 4.

Nurses in the Public Schools*

MARGARET E. CARLEY, M.D.,

Supervisor of School Nurses, Boston, Mass.

I FEEL highly honored as a pioneer in the work of school nursing to be permitted to address this association upon a work which, although practically in operation for some ten years, is comparatively new in the City of Boston. As long ago as 1891 Dr. Malcolm Morris, at the International Congress of Hygiene and Demography, gave it as his opinion "that a staff of especially trained nurses should visit the elementary schools, regularly, to inspect the children."

In 1898, as a private charity, the London School Nurses' Society was founded, through the efforts of Miss Honor Morton, a trained nurse and graduate of the London Hospital Training School. Thus to a *woman* should be credited the *honor* of initiating a work which is now bringing such remarkable elements of fruition in New York, Philadelphia and Boston.

Boston has always been universally recognized as a place of culture and progressive ideas, ever responsive to the call for improved school conditions and educational advancement. Since 1894 we have had medical inspection in our schools, the *chief purpose* being to pro-

tect the community, by excluding children suffering from any communicable disease, such as scarlet fever, diphtheria, measles, or any other infectious or contagious disease. It was for several years felt that some steps should be taken to *produce better results* from the work of medical inspection, and in some way provide means whereby the school, the child, and the home could be more thoroughly in touch with each other, and the many important details or helpful things for which the medical inspector had no time could receive proper attention. To the School Committee of the Boston Public Schools was left, however, the crowning act for the conservation of health. They answered the urgent cry of "*Shall the health of our school children be protected and preserved?*" by the answer "YES, a thousand times yes," and immediately took steps to establish a department of school nurses which, striking clear to the root of the matter, vouchsafes the protection of the child, and endeavors to prevent the very *onset* of disease. In this direction the nurse will be an army of strength in herself. The petition for a corps of nurses pre-

*Read at the seventh semi-annual meeting of the New England Association for the Education of Nurses. Contributed to The Trained Nurse.

sented to the Legislature by the School Committee was approved in May, 1907, and in June competitive examinations were conducted to test candidates' fitness for the position. They were required to pass an examination in anatomy, to prove that they knew the structure of the human organism; in physiology, to show their knowledge concerning the function of each part of the body; in the principles and practice of nursing, with a demonstration of practical skill, as well as in English and arithmetic.

The names of candidates who were successful in these examinations were placed on the eligible list and subsequently appointed.

The duties of the nurses, as set forth by the School Committee, are as follows:

"Sect. 420. It shall be the special duty of the assistant nurses to assist the medical inspectors assigned to the public schools, to see that the directions given by the inspectors are carried out, and to give such instruction to the pupils as will promote their physical welfare.

2. They shall receive from the supervising nurse the following information:

(a) The schools in which they are to perform their duty.

(b) The hours for visiting each school.

(c) To whom they shall report in each school.

3. They shall be provided with a place in which to work by the principal or teacher in charge of the school or district.

4. They shall report in person to the principal or teacher in charge, immediately upon their arrival each day.

5. They shall arrange with the medical inspector assigned to the school or district a method of daily reports of cases to be visited and treated.

6. They shall keep a record of the

time of arrival at and departure from each school.

7. They shall keep a record in such form as the superintendent may determine of the name, age, address, disease, and treatment of each pupil examined in school. Also a separate record of all excluded pupils and pupils to be visited.

8. They shall obtain daily a list of all excluded pupils.

9. They shall visit excluded pupils at their homes; provided that such visits shall not be made in cases of small-pox, scarlet fever, diphtheria, measles, whooping cough or mumps, and shall keep a record of all visits made by them, and the outcome of each case.

10. Revisits shall be made from time to time if necessary.

11. They shall make personal visits to homes to give necessary instructions or suggestions, and may demonstrate the treatment of pediculosis. In the case of diseases that cannot properly be treated at the home by the nurse or parents, the services of a physician, or treatment at a dispensary, should be urged.

12. Cases of trachoma shall not be treated by the nurses. All such cases should be excluded from school and the pupil returned only on the certificate of the medical inspector, stating that all danger of conveying such disease by such pupil has passed.

13. If, from some unforeseen cause, an assistant nurse is unable to attend to her duty, she shall notify the supervising nurse or the superintendent at once by telephone, telegram, or special messenger. This notification shall be followed within five hours by a written application for leave of absence. Before returning to duty after leave of absence exceeding one day for any cause, an assistant nurse shall report in person to the supervising nurse,

and shall furnish a certificate from her attending physician, if one has been employed by her during her absence, if the supervising nurse shall so require.

14. Each assistant nurse shall be entitled to four weeks' vacation during each calendar year, to be taken at such time or times as the supervising nurse, with the approval of the superintendent, may appoint."

It should be remembered that at the present time each nurse has on an average six times as many children as are assigned to each medical inspector. If the nurse, on reporting at a specified school, finds there cases necessitating immediate visits to the homes or to the hospital, the time required to carry this out precludes her going to another building even in the same district. During the hours from one to two, or as soon as the nurse has had time after school hours to take a luncheon, she visits the homes of excluded children in the neighborhood. This she does also following the afternoon session. The nurse's report is covered by a clinical record card as follows:

Date.....

Pupil's Clinical Record Card.

Name... Residence... School... Teacher...
Nurse..... Physician..... Age..... Sex.....
Grade..... Diagnosis..... Treatment.....

These record cards are completed by the nurse and not by the teacher. In the event of the child transferring from one school to another, the record card is passed to the nurse under whose control the child goes to the transfer. Districts are being equipped, as far as our finances allow, with facilities for first aid as well as for the treatment of minor affections, in order that the absenteeism may be reduced to a minimum. These facilities

are to be extended just as rapidly as the appropriation allows.

The nurse does not wear her regulation uniform, since she visits from the school to the home, in all kinds and conditions of weather; but as a mark of distinction, each nurse wears a Boston Public School nurse's pin. The nurse is on hand with the pupil and teacher at the commencement of the school session. She reports to the principal in charge and visits the various rooms to assemble the morning clinic in anticipation of the school physician's arrival. Each nurse has at least one fully equipped emergency room in the larger schools, and carries supplies in her bag to the smaller buildings. She examines the old cases to determine the progress of recovery, and segregate the new ones for the the physician's inspection. If it is hospital morning, the nurse escorts her clinic to the various out-patient departments, for the examination of the eyes, ears, surgical procedure, or general examination and treatment, as the case may demand. Then she makes her rounds of schools and homes to observe old cases and investigate the home conditions of new ones. The nurse may treat minor cases as well as carrying out in the homes of the pupils, when necessary, such instructions as the school physician, the family doctor or the hospital surgeon may give. Boston, in many ways, is a difficult city in which to introduce new customs or innovations, and to the uninitiated we seem cold and unresponsive. The story is related of Captain Peary, the explorer, that on his first visit to Boston as a lecturer, the audience did not unbend at all and Captain Peary, feeling the chill in the atmosphere, suddenly stopped in the midst of his lecture, shivered, turned up his coat collar and

said: "At last I have discovered the region of the North Pole." This same chilly reception was in a very few instances experienced by our nurses, until gradually it became demonstrated that they entered the homes as advisors, whose experience and wisdom were placed at the disposal of the family for all good purposes, and in visiting the homes it is with no antagonistic ideas or desires to revolutionize their time-honored customs, but to so instruct and advise them that their traditions and customs may be followed more carefully and to better advantage. Thus the nurse, furnishing the *link* so long felt necessary between the home and the school, visits the family as a specialized teacher, qualified to give advice on matters of hygiene, prophylaxis and dietetics. She is intimately acquainted with the symptoms of contagious diseases and is able to quickly detect fever and incipient troubles.

As a part of the public school system, on the basis and standing of a teacher, the nurse is more readily admitted to the home and confidence of the family, and so to a certain degree becomes also a social worker.

Thus it is readily seen that the opportunities for women with a nurse's training are much broader and far reaching in public school work as *regards results* than in other branches of nursing. The magnitude of the work undertaken in this new department of school nursing, and the results already achieved by the corps of twenty nurses working from September 1st, 1907, to February 1st, 1908, and thirty nurses working from February 1st, 1908, to May 1st, 1908, plainly reveals the wisdom of the school committee in inaugurating such a department, and already assures a splendid

improvement in the child's physical and mental development.

Although statistics are as a usual thing dry and uninteresting, I feel that our report, gathered from the past seven and a half months' service in this pioneer work will not bore you, since it will vividly place in your minds the *great good* already achieved for our most valuable asset, the school child. In my plan of organization I incorporated a Nurses' Statistical Record form, upon which are recorded all cases which come under the care or observation of the nurse, as well as the number of home calls; and by this means we are enabled to record most accurately and precisely all details of the nurses' work. These records are made monthly, being transcribed from the daily clinical cards, and diseases are classified as far as possible. Let me briefly for a few moments read you from a copy of our last record the astounding results of the work accomplished during the time between September 11, 1907, and May 1, 1908. Our first classification is tabulated as diseases of the ear, including abscess, wax in the ear, defective hearing, eczema, foreign body, chronic discharge, mastoiditis and polypi.

Three thousand five hundred and seventy-seven cases of ear trouble have been reported, and of this number 2,284 cases consisted of defective hearing, the remaining 1,293 cases being divided among the above enumerated diseases.

All have received proper medical assistance, and many of these 3,577 cases had existed untreated for a long time and, until the nurses discovered the cases, had been in a suffering and pitiable condition until put in the way of receiving treatment. Under the classified diseases of the eye the nurses have recorded 14,823 cases; of this number 9,395 cases were

seriously defective in vision, but through the efforts of the nurses 3,156 cases of this number were examined by oculists and eye glasses procured.

In many instances it required *much work* and tact on the part of the nurse, often five or six visits to the home, to convince *doubtful* parents of the importance of obtaining eyeglasses, or to induce them to have the child examined, or give the nurse the necessary permission to take the child to the physician.

The remaining 5,000 eye cases included inflamed and granulated lids, conjunctivitis, foreign body, iritis, cross eye and trachoma. By far the greatest problem effort to relieve these cases is that of procuring the necessary ten cents for car fare, and ten more for the registration fee charged by nearly all of the hospitals, and from ten to twenty-five cents for drops, and all the way from eighty cents to four dollars often charged for the glasses. In many cases, where the parents have felt unable to provide the required sum at one time, the nurse has been able to assist the parent or guardian in devising ways and means whereby a small amount has been saved weekly until the desired sum total has been acquired. Many pupils whom we have heretofore considered dull, stupid and impossible, by the application of glasses which have corrected the visual error, have immediately improved in scholarship, and I have in mind several cases which were changed from the most inattentive, turbulent and stupid pupils to the brightest, quick and most brilliant students in their classes. If it be possible to say *where* the most valuable service lies, I would say that the nurses have rendered *such aid* in caring for the diseases of the nose and nasopharynx, since 4,994 cases have been treated; 2,941 of this number were cases

of adenoids, and 966 of these were escorted to the family physician or dispensary, attended by the nurses through the anaesthesia and the operation, and returned to their homes. Although this is a remarkable number of cases of adenoids, we still have 1,975 cases which are under observation and treatment until their physical condition or financial matters allow the possibility of operation.

Several prominent surgeons in the various hospitals have mentioned to me that never in their experience have they seen so many operations for adenoids. Knowing, as we do, that this condition which we term adenoids is not an acute trouble, is it not appalling that hundreds of children have been thus afflicted for several years previous to the nurses' advent, thus rendering them more liable to contagious diseases and particularly rendering them susceptible to that dreaded white scourge, which we are all working so hard to eradicate. I refer to tuberculosis.

The herculean efforts incidental to such a number of operations are worthy of note; the parent frequently advances reasons why the child should not be operated upon, or they are prejudiced against surgical procedure in general, or hesitate to interfere with nature's work, as they state it. So persuasion and instructive explanation on the part of the nurses, accompanied by much patience and tact, win the day, and the interest and consent of the parent are gained.

Seven thousand and fifty-three cases of mouth and throat disease have been actively treated, and 3,714 children with decayed teeth have been discovered, many of them having now received dental attention, and during the coming Summer I expect to have all our cases of this

character attended to. There were 3,339 cases of enlarged tonsils, abscess, and cervical adenitis all cared for; 15,578 cases of skin diseases, including pediculosis, ring-worm, itch, eczema and erysipelas, all of which were tabulated, received treatment, and are either cured or still under treatment.

Four thousand two hundred and eighty-four cases of specific infectious diseases were called to the attention of the proper authorities. Many of these cases would never have been reported to the health authorities but for the visit of the nurse to the home to find out why the boy or girl was not at school. She frequently discovers cases of measles, scarlet fever, diphtheria and chicken pox in families where several children are attending school and no physician has been called to see the sick member. Therefore, no opportunity has been given for the health authorities to act in excluding the children in such a household. *Now* these cases, which were a great menace, are reported to the local health board for their investigation.

Under this same class of diseases we have recorded 201 very positive cases of tuberculosis, and while we have been instrumental in sending many children to the Wellesley camp, there are many more for whom there is no accommodation. We expound the necessity of a thorough physical examination for all members of the family and give suggestions and advice upon the hygienic precautions to be followed. I feel that the most effective results will be achieved, however, when we have either the *school in the woods*, as established in Germany, or the school and sanatoria combined, following the example of France.

We have found 17,041 miscellaneous cases, including heart and kidney dis-

eases, rickets, chorea, and malnutrition, all of these have received medical aid. 218 cases of deformities of the spine and extremities have been exceedingly benefitted by receiving skilled orthopedic attention and corrective gymnastics and are *certainly* in the way of becoming self-supporting, useful citizens.

17,647 visits have been made to the homes of pupils and the parents given comforting advice, instruction in dietetics, economies and a general outline or demonstration of the treatment necessary for their child.

6,434 cases were induced to see the family physician.

14,060 were referred or escorted to the hospitals when they could not, or would not, afford the attendance of a private physician, and of this total of 20,494, 15,030 have been returned to the school cured.

Periodic examination of head and teeth are also made.

Another duty we assume is that of addressing the various parents' associations or mothers' clubs affiliated with our schools, to talk to them upon the care of the growing child, general hygiene and to answer the questions of perplexed mothers.

These addresses have proved most valuable in our efforts to win the parents' co-operation when the nurse later visited their homes.

Special talks have also been given to the children in the higher grades instructing them in hygiene, the care of the injured, first aid procedures, and in two schools I have established an emergency corps among the older children, to stimulate their interest. These children rush to the aid of their injured companions. They know where to find the nurses' supplies and that 30 drops of cre-

olin equal half a teaspoonful; that sterile water is necessary to cleanse a fresh wound, and how to apply a first aid dressing or bandage. Five little girls told me yesterday that *they* intended to be trained nurses, and one said that since the nurse called at her house her mother keeps peroxide of hydrogen, creolin, colloidion, old linen and asbestos cotton (meaning absorbent cotton) all ready for emergencies.

In consideration of these statements which represent but part of one year's work, and the first at that, it is clearly and emphatically disclosed that our *school children* and the *community at large* are being inestimably benefitted.

Apart from the very vital consideration of the help to the children found with hitherto unrecognized troubles, and the remarkable increase in the efficiency of the scholars, the relief to the teaching force is of itself important enough to justify the system of school nursing.

I have taught this system as I have developed it, to representatives from six large cities and two foreign countries. Already I have been requested to send our nurses to establish our system in other cities. The following recommendations have occurred to me for the improvement of the service:

I would advocate that the public schools in Boston have at least one nurse for each school district, of which we have 65, and with three to six schools in each district.

Secondly, I would earnestly urge that all educators, physicians, nurses, social service workers, and others interested in the physical welfare of the child, lend their aid toward inducing our best local hospitals to conduct clinics exclusively for school children Saturdays, and week days after school hours, when children

could be examined, operated upon or receive dental care. This would assure for them the greatest amount of time possible in school as many remain only until the expiration of their legal obligation.

The work that is being done in New York, Philadelphia and Boston will soon be instituted in all of our cities and larger towns. Our neighboring towns, Brookline and Arlington, are now considering plans for nurses in their schools.

When we consider that the average wage of the business woman is about \$10 per week for eight to twelve hours' work, that a successful trained nurse occupied on an average of three-quarters of the year at \$21 per week averages a \$15 weekly wage for eighteen to twenty-four hours' daily service frequently necessary, we find that the school nurse with a maximum wage of \$17.50 per week, an eight-hour day, one-third pay if ill, four weeks' vacation with pay, and the additional standing as a special teacher and social worker, with the prospects of a pension if long enough in the service, is certainly making the best of this new opportunity offered to nurses.

As an adjunct to the training of a nurse who desires to be a school nurse, it would be helpful to them were they also instructed in social service work. It would be well also for them to have some knowledge of the German and Italian languages, to be able to explain to these foreign mothers in their native tongue the necessary suggestions for the children's welfare.

Let us all look forward to the time when every city of the union shall have a public school nursing system, inasmuch as it means healthy bodies for our future citizens, and after all is said and done, "health is the keystone in the arch of education."

Training Nurses for Institutional Work*

CHARLOTTE A. AIKENS.

DISCUSSION.

(Continued from September.)

MISS RIDDLE (Newton Hospital) —We all agree that this training for institutional work would be a great advantage to the nurse, and we again agree that the institutional nurse is hard to find, because she has not yet been developed, and I feel sure we may see the reason when we consider all that a nurse is required to learn before she can go out and compete with others of her class.

There are very few who come to our schools who are prepared for institutional work. The average applicant has an idea of fitting herself for private work, and it is that idea which brings her to our schools. It is only the occasional one who may have had some experience as a teacher, or in some other professional line, who gives it any thought whatever.

Possibly no one understands or realizes more fully than the superintendent of a school the need of this training for the pupils unless it be the pupil herself who finds her need when she comes to the small hospital to take charge.

It is this very realization on the part of the superintendents that caused them to inaugurate and support a course in Hospital Economics at Teachers' College, Columbia University.

The course entails an expense that cannot be met by every one, neither can every one become a member of the class there. Those who have the course in charge realize the necessity for a period

of private nursing before it can be taken. The average institutional nurse has spent no time in private nursing, and consequently finds it hard to gain admission there.

There is some danger in inaugurating this into the course for pupils in all the hospitals. I am very much afraid the hospitals would think only of the advantage to them rather than of the advantage to the pupil. In almost all these forward movements the same is true. I know of some schools in which it has been tried in a slight degree, and it is the boast of those schools that a certain number of employees have thus been saved to the hospitals.

Consequently, it would seem as if it were something which required very serious consideration before being inaugurated in our curricula, but it might properly be a part of post-graduate instruction.

Miss Tracey—There will certainly be no contradiction of the statement that good superintendents and head nurses are hard to find; that is to say, good in the sense of being thoroughly efficient. To be a good head nurse, one must be able to appreciate the varying point of view of all her many patients and to show the undeveloped pupil nurse that there are other, and broader, and vastly better ways of interpreting what seem to be unreasonable attitudes on the part of the patients. A good head nurse must be the embodiment

of loyalty to higher authority; she is often tempted to compromise strict loyalty to what may seem friendliness towards the pupils, but how truly unfriendly and disorganizing is the head nurse who tolerates criticism of the management from pupils. If she cannot honestly approve of this management, she must either yield her position or else work steadfastly and silently for unity and not division. No small woman can adequately fill this position, but how may she become large enough for it?

In order that a nurse may be thoroughly equipped for such an office, she should have a *three-fold training*. The first we can give her, and consists of a comprehensive training in caring directly for the sick. She should be able to do everything which is required of the pupil nurse and to do it better.

The second training the world only can give her by teaching self-reliance and developing judgment during a reasonably long period (preferably not less than five years) of private nursing. Nothing can take the place of this world training. It is said that a talent develops best in secret, but a character in the stream of the world, and this world-stream is essentially different from the hospital stream; in it one is daily shorn of prejudices sure to be fostered within any four walls, be the enclosed space ever so large. The third training, I believe, should not, and indeed, cannot be given in any one hospital however large or well equipped. This third is her special training for executive work, and it demands *comparative* study of many institutions. I do not at all believe in training our own nurse, for our own work, in our own hospital exclusively. I would gladly start her there and then send her out to bring back to us the

things we need. I know of no place where this higher education of nurses can be obtained except in the places established for general higher education; namely, our colleges and schools of technology. I would commend most warmly the course in Hospital Economics offered at Columbia University. To pupils of this course the doors of all the institutions of New York and other cities are swung wide open. They are sent to the Presbyterian to study the buying and bookkeeping; to Bellevue for arrangement of time and the care of the property of patients, for general supply-room and for the school for male nurses. To St. Luke's for arrangement of wards and operating rooms. To New York Hospital for laundry and kitchen; to Post-Graduate for care of children's wards. To Ward's Island for hydrotherapy and occupation, and so on throughout the entire course, studying the planning of time, the taking advantage of the best hours of the day for the heaviest work, the housing of nurses, the value of supplies. Nurses are always criticised for extravagance, but rarely taught economy. Pupil nurses even can appreciate much of the financial responsibility if allowed to have some insight into the problems of their own institution. At the Adams Nervine probationers are required to work out the cost of equipping a bed, later the value of food supplies and the cost of an acute illness. The great question of good class teaching can only be met by trained teachers. In addition to strong methods classes, Columbia requires its students to do a certain amount of practice-teaching. This was formerly done at Speyer School, but now the Hospital Economics students teach the nurses at the Laura Franklin Hospital. This practice-teaching is strongly supervised.

Pupils are not allowed to give a lesson until both subject matter and method of presentation have been criticised and approved. The lesson is then given in the presence of critic teachers. But the question may be asked: How may we obtain this training for the number of women needed? The answer will be: Put the course of instruction upon a permanent financial basis, endow the chairs and establish scholarships. A strenuous effort is being made all over the country to raise funds for making the work at Columbia a certain and assured aid to this great problem. This is done continually for the benefit of those who are well. How can we afford to withhold like benefit to those who are sick? And how can we carry on our institutional work without better equipped assistants?

Chairman—This closes our list of those who were on our programme. The question is thrown open for discussion, and I hope there will be those who will have sufficient interest to speak without being called upon, and I hope that the nurses will feel free to ask questions or to offer suggestions. The meeting is now open for general discussion. May we hear from Dr. Patch?

Dr. Patch—I am afraid I have no idea that has not already been better expressed. It sometimes seems to me that we have failed to touch the keynote of this matter. We have been training nurses for the last twenty or thirty years, and even now many of us feel that the nurse is often overtrained medically and undertrained practically.

I think there is one essential reason, for many of our difficulties, to be found in the fact that up to the present time we really have seldom had actual training schools for nurses. We have had

schools, to be sure, but they have usually been created and maintained solely for the benefit of hospitals, not primarily for the training of nurses. Hospitals have established training schools because they have been obliged to do so in order to get the service, but the moving principle has not been to create an institution of learning for the benefit of the nurse, but to get the work of that hospital done as cheaply as possible.

As long as this is the underlying spirit, I believe we are not going to reach the highest ideal in the training of nurses, and the only way I can see in which this may be changed is for the nurses themselves to take hold in earnest and insist that they get the results of the best thought, and further, that a normal school be established. I think until this is done, we shall find ourselves at the mercy of hospital managers. The thing has got to be put on a different basis before it reaches the highest development.

Dr. Thompson—I know but one way to solve this question of getting good superintendents, good head nurses, good operating room nurses, etc., but in taking those you train yourselves. That is what we do. If you will come up and inspect our hospital, you will see how we get along. If you use your own you know what you are using.

Dr. Cabot—Dr. Washburn referred to a controversy in which he and I were involved at the last meeting, in which I took the view that during the third year valuable electives might be given. That view I still hold, but it does not apply to hospital management. That seems to me to be a very special work for which comparatively few persons are fitted. Whether the course be two and one-half, three or four years, the time would be wisely spent on other things than hospital

management. I believe with Miss Doliver that private nursing is essential in the training for hospital management. Whether many nurses will go back to hospitals from private practice is an open question. Clearly if they do they will bring certain qualities which they can get in no other way. Any nurse who goes through a special course in the school and then continues in institutional work is quite sure to find herself in a "rut" from which it is hard to get free.

Dr. Alfred Worcester—I am glad of a chance to say how much I enjoyed the paper of the evening. I think it one of the best papers on the training of nurses I have ever listened to.

Too much is expected of women who have had no preparation whatever for the duties to which they are called. No matter how large the teachers' college course may be, it will only serve as leaven. A few splendidly trained superintendents will come from that course, but the small hospitals will have to go on with insufficiently prepared superintendents unless some such movement is inaugurated as Miss Aikens speaks of. There should be no uncertain vote taken here to-night. This meeting must fully agree that this reform is absolutely essential to the proper management of the small hospitals.

I am often struck with the difference in point of view of those who entered the profession in the early years of the training schools in this country. At the time when the schools were first started women who had had large experience in the world as teachers and household managers entered the schools of nursing. Now, when the schools have been going on for twenty-five or thirty years, probationers come who have had no such

previous experience. And yet, I myself believe that the time will come when nurses even younger than the limits of to-day will be accepted. I think the American girl when she leaves high school, who, of necessity, must be earning her living, or preparing to earn it, will have to be taken into the schools of nursing if we are to secure our best and most ambitious women. It will not do to say to girls leaving high school that they must wait a few years before entering the schools of nursing. We must do as they have had to do in Germany—take in young girls and have the courses of training fitted for them. When student nurses have easier hours and longer terms of service, then we will have the chance of bringing into the curriculum courses that will fit them for the various opportunities which were outlined at the meeting this afternoon.

It is most remarkable that whereas the preparation for every other profession on earth requires largely endowed schools, the profession of nursing gets no endowment. A woman who obtains her education as a nurse does so only by giving a full equivalent of daily service, or she may be allowed a pittance, but practically she is doing the work which, before the advent of schools, the hospitals had been paying for. It is quite clear that such training schools are not for the advantage of womankind. Until we shall be relieved of this, and until the schools of nursing are liberally endowed, there is little hope of advancement. Think of the many dollars spent for the furthering of the education of physicians, and of the few cents that have been spent for the education of nurses! When schools are properly endowed these courses can be given. Now the appeal for extra teaching is made to

the managers of hospitals, who ask, "Is this going to cost the hospital anything?" and if it is they cut it out.

Chairman—Will Miss Aikens add anything in closing this discussion?

Miss Aikens—I do not know that I have anything more to say or to add to what I have already said. For some years I have been especially well situated to hear from hospitals of all kinds. I get letters asking for advice or suggestion on all kinds of problems. People know that I have been through all the different stages myself. I always give such help and suggestions as I can, but I can only give my own opinion. I have read and studied everything obtainable relating to such matters, and I have felt for a long time that there is here a great need as yet practically untouched by hospitals—this special training for institutional work.

There is a considerable number of small new hospitals developing every year. There are vacancies to be filled constantly. I feel that many of the larger hospitals are able to assume the responsibility for this special training.

and that there should be some kind of missionary spirit developed among them that would lead them to undertake to train nurses for these executive positions of various kinds, as well as to better provide for their own needs. Large hospitals are constantly getting calls for institutional nurses. A gentleman connected with one of the Chicago hospitals told me not long ago that they had at that time sixteen applications for institutional nurses on file, received within a short time before.

I do not agree with the speaker who said that nurses did not want such positions. Some nurses may not; others do. I know a great many nurses are asking for hospital positions. A great many may need training, but the question is, where can they get it? Where can they get the kind of instruction they need—the careful, systematic, theoretical and practical instruction in different phases of executive work?

I confess I do not see how the larger hospitals can much longer refuse to take up this matter and work out this problem.

Scarlet Fever Prophylaxis.

Prophylaxis against scarlet fever is essentially the problem of isolation of the patient during the whole period of sickness and desquamation, combined with the utmost cleanliness and disinfection during and after the termination of the case. Inadequate isolation—allowing the patient while still in an infectious state to associate with susceptible persons in the home or outside—is unquestionably the principal factor in the

extension of epidemics. And this follows in many cases because the sick-room in the average city apartment becomes as irksome as a prison long before the necessary six or seven weeks' confinement is past. If the patient has not an ideal room, with plenty of light and good ventilation, and with equable heat in cold weather, and a wise attendant, he ought to be taken to a hospital. —Chicago Health Bulletin.

Etiquette and Ethics

BY A SUPERINTENDENT.
HINTS FOR SPECIAL DUTY NURSES.

IN the discussion as to what should and should not be taught to pupil nurses in training schools, what subjects are and are not profitable for graduate nurses to discuss when they meet, one subject is rarely, if ever, touched on—the relation of the graduate nurse to the hospital, when she comes in as a special nurse.

Within the past ten years the demand for nurses for special duty in hospitals has increased, until comparatively few hospitals are able to supply the needs from their own nursing corps, and graduate nurses are constantly being called in to supplement the regular nursing force of the hospitals.

The presence of one outside nurse in a hospital may not be a serious matter, but when the number is multiplied by ten or fifteen, there is bound to be an influence created that undoubtedly affects advantageously or adversely the training schools.

Among all the multitudinous lectures to nurses while in training, is even one lecture ever devoted to this phase of nursing conduct? I fancy not, judging by my experience with a great variety of nurses from different schools. I plead guilty to this failure in the past, but hereafter the nurses whom I shall teach shall receive some very plain, practical instruction for use when they go to a hospital for special duty. They will be taught that one of their first duties is to see the superintendent of nurses, or of the hospital as the case may be, and learn if there are any regulations referring to special duty nurses to which they are ex-

pected to conform. There probably are. If the superintendent has had any experience with the problem she has probably made a feeble, if unsuccessful, attempt to regulate these afore-mentioned individuals. The neglect of this little matter of business is, to say the least, a gross breach of courtesy. The case is not altered in the least by the fact that the nurse may have been engaged by the patient or doctor, who is supposed to have attended to the details of the arrangements. There are details which pertain to the arrangements for meals, for relief to a hundred little matters which may affect the comfort of the patient and other patients, which concern the nurse personally. No nurse should any more enter a hospital and assume responsibility for any of its work without consulting the person in authority in the institution than she would expect to walk into a private home and begin work without announcing her presence to the person in charge.

Having learned the regulations please abide by them. If there is a regulation relating to the hours at which special nurses shall come to their meals, do not rush in ahead of time. There are, without doubt, good reasons for a regulation that special nurses shall not present themselves in the dining room at any hour which their fancies may dictate. One illustration: In my own dining room the accommodation is limited.

As a general rule patients only pay for one room in a hospital, but it is common for a nurse to appropriate any vacant room she may discover for her own use

and litter it with her belongings so that it presents a very untidy appearance when shown to prospective occupants. The head nurse will show you the place you may use as a dressing room, if you ask her. Do not feel that you are privileged to visit in the hall, with the internes and other nurses. You are paid to care for one patient in one room, and that is the place in which you should be found when on duty. Turning a corner unexpectedly not long ago the interne was discovered ascending the stairs with his arm around one of the graduate nurses on special duty—whom he had met for the first time the day previous. To say the least, it did not look nice. It wasn't a good example for my pupil nurses. If you must flirt with the interne, or with anybody else, while on duty in a hospital please go outside to do it.

You will probably be told the regulations regarding the use of the telephone. If it is necessary to communicate with the doctor or attend to any legitimate business for the patient, you will be allowed to use the 'phone, but don't take the occasion to call up some of your friends each day and visit with them when you have asked permission to send a message for Mrs. X., your patient. Use the pay 'phone for your own messages and do not stoop to petty meanness. Nor do not arrange for your friends to call you up on the 'phone two or three times a day and bother the office force sending messages to you. As a pupil nurse, you probably were not called to the 'phone two or three times a day, and you knew the reason. It may seem a trivial matter, but if there are ten or fifteen special nurses in the house, and each one has friends who want to visit with her every day, it makes a difference, and may cause embarrassment to those who need to use

the 'phone for legitimate hospital purposes.

Keep a pair of rubber-heeled shoes on hand and wear them while in a hospital just as you were required to as a pupil.

There is the same reason for wearing them after graduation as before.

If you pretend to wear a uniform wear it, not a piece of it. Don't go on duty in a lingerie waist, with a bracelet and a flower in your hair. Please remember you have an influence on others and respect the hospital regulations which state that uniforms must be worn when on duty.

In most well regulated hospitals there are rules regarding quietness, especially after bed time. You are in charge in your patient's room. See that thoughtless visitors do not disturb other patients. By all means do not be a nuisance yourself by careless slamming of doors, loud talking, or boisterous greetings or farewells to visitors. Keep your patient's room clean. Sweep it and dust it unless otherwise ordered, and get it done early in the forenoon. Keep things picked up after you have put it in order. The fact that you are a graduate, with perhaps the right to the appendage R. N., does not excuse you for untidiness—one of the most common crimes of the special duty nurses.

Don't set the vases of faded flowers from your patient's room outside the door on the floor in the hall for some one else to remove. There is a receptacle provided in hospitals for such refuse. Find out where it is and use it.

If you have any special request for your patient's meals please consult with the head nurse or housekeeper about it in time. Hospitals cannot always furnish you with squab, or fried chicken, or wine jelly, or oysters, or clam bouillon on a

half hour's notice. Hospital housekeepers have a great many details to attend to. Occasionally a request for some special article may be overlooked. It may be all ready to use but has not yet reached you. Inquire about it courteously, and do not tell your patient you could not get it.

Don't gossip with your patient about the stinginess of the hospital in regard to food supplies or linen, and don't go up and down the halls airing your grievances to other graduate nurses. See the superintendent about it. It is her business to investigate grievances and remedy them—not the business of special duty nurses. Then be sure you have a grievance. Don't think because you had certain difficulties to contend with in one hospital that therefore you will find the same conditions everywhere. Another illustration: A few hours after the admission of a new patient and her nurse to the hospital, a special messenger from a leading firm arrived breathlessly delivering a slipper bedpan, which he said "some nurse" had ordered to be sent out immediately. Investigation proved that the "some nurse" was the recently arrived special duty nurse. Finding none but "Perfection" bedpans in the rack provided, she had told her patient she could not get a slipper bedpan for her use—this, without consulting any one in the place. In the storeroom were plenty of the old-fashioned utensils which had been retired from use because of liability to accident and difficulty in cleansing. Another nurse, without even making a request for alcohol for rubbing her patient, had gone out and ordered the alcohol to be sent C. O. D. and charged to the patient when the hospital authorities had just told the

patient's husband that the price of the room included all drugs used.

When you are writing up your records please be careful not to shake the ink from your pen on the floor or rug. Several handsome rugs have been badly stained in our hospital in this way.

And please be careful about the plumbing. Don't throw banana skins into the water closet, nor even lay them in a little heap in the corner beside it. If you do accidentally drop something into the closet, speak about it at once. Don't wait till there is an overflow that may cause serious damage to ceiling and walls before you confess that an accident has happened.

Don't send in a request for ice cream or special delicacies for your patient and then serve yourself and your friends from the supply provided by the hospital. These are not imaginary occurrences. Clean up after yourself in the diet kitchen and don't leave dirty dishes which you have used standing around. If you forget to send your patient's tray in time to be gathered up with the other dishes, and suddenly remember it about 3 p. m., don't set it in the diet kitchen to be attended to by some one else. Wash the dishes and tidy it up yourself since you did not get it in time to be washed at the regular hour for dish washing.

Don't use a fountain syringe to give an enema and leave it hanging with the tube and nozzle unwashed after use. You all know better than to be guilty of such practices, but still these things do happen.

I have no doubt other superintendents can find other material for such lectures, but these are some of the things I intend to teach before any more of my nurses go out as graduates.

Practical Economics in Hospital Construction and Equipment

ANNETTE FISKE.

MOST hospitals, but more especially the smaller ones, have to consider carefully the question of expense in construction and equipment, and economical apparatus, if it can be made to serve the purpose effectively, is much to be desired. There are at the Waltham Hospital several features of interest from this point of view which other hospitals might find it advantageous to know about and which I shall, therefore, try to describe in a clear and practical manner. They are largely the materialization of suggestions of Dr. Worcester, and while economical and thoroughly practical, lay no claims to beauty of finish.

Most interesting, perhaps, is the water sterilizer. When this was installed, instead of going to one of the dealers in hospital supplies, recourse was had to a firm of makers of hotel kitchen furniture (Duparquet, Huot; & Moneuse Co.), where a 40-gallon utensil for cooking soups, etc., was chosen for the main tank. The accompanying sketch will perhaps make clear the general arrangement of the apparatus. The 40-gallon tank stands on rather high iron legs, which in turn rest upon a zinc-covered wooden table, the total height being adjusted to the smaller (20-gallon) tanks at either side, which are fed from above by pipes from the bottom of the large tank. The water enters from the cold water pipe through a filter into the large tank, where it can be brought to boiling point in from 10 to 20 minutes by means of a steam coil in the bottom of the tank. There is

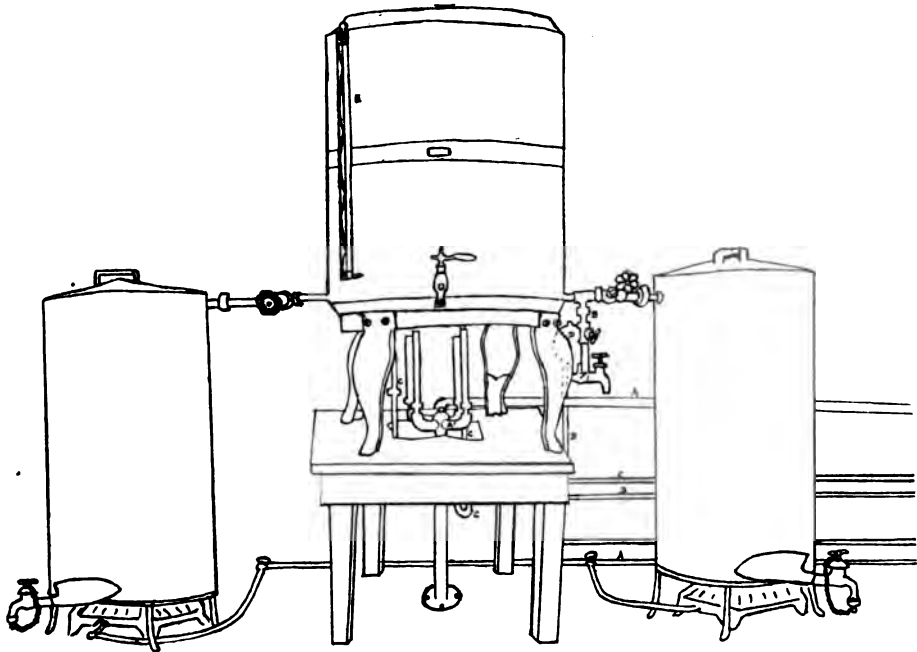
also a gas heater beneath for use in case of emergency, if for any reason there is no steam to be had, while each 20-gallon tank also stands over a gas stove. The smaller tanks are rendered sterile even to the faucet, which has a cap for that purpose, by being boiled out with the tap open, and are then filled from the large tank, in which the water has been boiled for one hour. The water in one small tank is used later as cold sterile water, while that in the other is used hot, being heated in a very few minutes by means of the gas stove. Each tank has a faucet by which it can at any time be emptied and there is a faucet also for emptying the filter, though this point does not come out so clearly in the diagram.

The two smaller tanks, which are of copper, had already been in use in the hospital for sterile water and so are not included in the expense of the apparatus, which, exclusive of cost of connections, was \$126.00. (This amount does, however, include the cost of a basin-sterilizer of which I shall speak in a minute.) Such tanks can, however, be obtained at any hotel kitchen furnisher's, and expense as well as work later on may be saved by getting them of other material than copper, though that is perhaps somewhat more durable. The large tank is of galvanized iron jacketed with canvas and painted a light gray. The total capacity of the three tanks is 80 gallons. At a hospital supply company the price of a water sterilizer of a capacity of 25 gallons is \$400.00 to \$500.00, and of one of 50 gallon capacity, \$600.00 to \$700.00, so

that the saving is very considerable. The plant was installed two years ago and gives perfect satisfaction.

An inexpensive sterilizer for basins is made from a covered tank of galvanized iron, about 16 inches deep and 16 inches in diameter, with a steam coil in the bottom and fitted with an open wire basket for the reception of the basins. It is filled with water which is boiled by means

heated above the condensation point of steam in order to avoid the wetting of the dressings. It was the first sterilizer to meet this requirement and obviate the necessity of drying dressings afterwards in ovens. The treasurer of the Massachusetts General Hospital paid for its construction on condition that a duplicate be made for his hospital. Unfortunately his blew up after a few years' use. That



WATER STERILIZER.

- | | |
|---|----------------|
| A. Gas pipe. | C. Steam pipe. |
| A ¹ . Gas heater for large tank. | D. Filter. |
| B. Cold water pipe. | E. Gauge. |

of the steam or, in case of emergency, by the gas stove placed beneath it for that purpose. The water is drawn off by means of a faucet leading from the bottom.

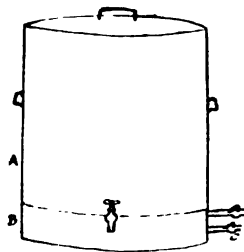
The steam sterilizer for gowns and dressings was designed and constructed about 1892 by the Thomas Phillips Company of Providence, R. I., at a cost of \$150.00, to meet the requirement that the contents to be sterilized should first be

at Waltham, however, is still in good working condition.

It consists of a shell of quarter-inch steel fitted with a vacuum valve, a steam gauge and a thermometer. A special safety valve was added later to avoid all risk of explosion from too high pressure of steam. It was also covered later with asbestos to minimize the loss of heat. The stand is of wrought iron piping, so that access to the steam sup-

ply beneath is easy. Inside the cylinder are four coils of steam pipes, i. e. above, below, and on each side of the chamber, which contains 9,720 cubic inches of space. When the trays have been filled with the materials to be sterilized, the door is tightly bolted with the screw bolts and the steam admitted to the coils. The chamber having thus been heated above the condensation point, live steam is admitted directly into the chamber, at any pressure from 15 to 90 pounds, a temperature of 245 F. to 320 F. being thus obtained. When this has been continued as long as desired, (25 to 30 minutes will destroy absolutely all bacterial life,) the live steam is shut off and

noted for its good looks particularly, but they say it is very easy to stand on—a consideration to the surgeon in long operations, though not by any means its greatest virtue. A flooring was first laid of splined planking, that is, where the boards which run the whole length of the room join at the edges, a strip of wood is inserted into the edge of either board so that as the boards contract and expand, although the crack varies in width, there is yet no chance for anything to penetrate or drip through. Over this planking is spread a rather soft asphalt, with a waxed surface, which allows of no absorption and can be thoroughly cleaned. There should be a slight



A. Basin.
B. Sterilizer stand.
C. Gas pipes.

the drip pipe is opened. Very little moisture will remain and this can be dried out entirely by leaving on the steam in the coils for a while longer. The door of the sterilizer can then be opened and the contents removed when desired.

It will be seen that the operation of the sterilizer is easy, as it means simply the manipulation of a few steam valves, while apparatus that allows of such high pressure must of necessity be very durable. The steam in the case of all these sterilizers comes through pipes from the boiler room of the hospital.

Another point of possible interest is the construction of the operating room floor. Like some other things, it is not

sloping of the floor toward the centre of the room to increase ease in cleaning and the asphalt should round up against the walls at the edges. The fact that it is soft—soft enough to receive indentations from heavy articles on a warm day—makes the asphalt easier to stand on than an unyielding floor, but it also allows the floor surface to adjust itself to the expanding and warping of the planking beneath in a way that no other material will do. This adaption is also a reason for the rounding up of the asphalt at the edges. It is an inexpensive floor, comfortable and easily cleaned.

Some of the corridor walls are painted

brick—not aesthetic, but clean and durable.

One other interesting feature of the Waltham Hospital is its open air wards, one for men and one for women. These are built up a few feet from the ground on piers of iron piping and are connected with the main hospital building by covered walks. The two wards are alike in size and construction, being about 18 feet by 36 feet and adapted to hold eight beds with the accompanying furniture. Over the board flooring is spread a special kind of tar paper with a smooth surface known as Rex Roofing which needs no tacking and adheres closely to the floor surface, while the overhanging wooden roof is covered with a paper called japaroid. There are no walls, but only wooden posts at intervals, grooved on the outer edges. Into the spaces between these posts wire screens are fitted from the outside and buttoned in with wooden buttons. In the Winter the screens can be very easily removed for storage, and the wards left open until called into use again. There are five of these screened panels at either end and ten on the sides, except where the door

takes the place of two. As a protection against the wind, sun and rain while the wards are in use, there are awnings, one to every two screens. These are raised and lowered by means of pulleys and run on rods at either edge to keep them close against the screens, while a heavy rod at the bottom edge serves as a weight. The patients can therefore enjoy the benefits of the open air in all kinds of weather without danger of undue exposure.

The cost of the two open air wards, exclusive of electric lighting, was \$967.10. The paper for the roofs cost \$61.75, for the floors \$34.20, the awnings \$185.62, and the wire for the screens \$30.20, while the rest of the expense was for timber, piers, paint and labor.

Such, then, are some of the economical contrivances by which expense, and to a certain extent, labor, may be saved in hospital construction and equipment with no sacrifice of the most complete effectiveness. If my description of them prove of real use to any one, I shall be glad. If not, the fault will lie with my description, not with the things themselves.

Temperament

“When hysterical persons learn that hypersensitiveness is only another name for misery, and that much of what they call ‘temperament’ is only ill-regulated emotional control, they will not be so proud of their impressionable make-up.

They will really desire to train this passionate sensitiveness into strength and calm.”—From *Nursing the Insane*, by Dr. Clara Barrus, woman assistant physician in the Middletown State Homeopathic Hospital, Middletown, N. Y.



The Moral Responsibility of the Nurse to the Community in Regard to Typhoid Fever

A. L. BENEDICT, A.M., M.D.

OF the various germ diseases prevalent in the United States, the following are about the only ones which, in the light of our present knowledge, may be regarded as theoretically preventable: Typhoid, tuberculosis, malaria, the venereal diseases. Smallpox and yellow fever are not included in this list because the former may be said to have already been prevented and the jugulation of the latter at its next visit may be expected almost as confidently as the virtual extinction of Asiatic cholera and typhus fever. Obviously, in so broad a statement, some qualification is necessary, yet if we use the word *prevalent* in a reasonable sense and the expression *theoretically preventable* not as applying to the possible future development of principles of which we now understand only the rudiments—and perhaps are misled as to these—but to the possible execution of sanitary details already well understood, I think the statement will bear criticism. It may be pointed out that such criticism should proceed from a careful consideration of the various infectious diseases as laid down in the unabridged lists of our standard works on pathology and practice of medicine.

If we compare these four diseases, counting the last group as one for present purposes, we note that the lines of procedure for stamping them out are radically different. The last heading calls mainly for moral conduct and selfish caution, easy to enunciate, impossible to secure. Malaria is to be combated by draining swamps, pouring crude petroleum

over stagnant water, using screens both to protect the prospective patient from an unknown source of infection carried by the anopheles mosquito, and to prevent the mosquito from getting at the actual patient and thus being able to convey infection to other victims. Even the use of quinine by stamping out sources of infection, one by one, must be considered.

Tuberculosis involves many problems too complicated to be discussed here.

Typhoid presents practical problems different in every way except that the eradication of any infection necessarily deals with the germ that is the ultimate cause. No moral problem is concerned in the limitation of typhoid, except the duty of care for one's self and others, but, as will be emphasized later, this is really a matter of morality in the broad sense.

In the case of malaria, it is practically more important to direct our efforts at the insect which carries the germ than at the germ itself. In the case of typhoid, while insects may accidentally carry the germ, they do so only adventitiously and while it is still important to exercise caution with regard to various substances that act as carriers, notably water, our ultimate success must be directed pretty directly at the germ itself, while precautions dealing with carriers are not only liable to error, but are financially expensive as compared with the direct method of prophylaxis.

Only two points of contrast will be noted with reference to tuberculosis. Typhoid is an infection which is always

due to a preceding human case, while tuberculosis, like many less frequent infections, or some that are prevalent enough, but which we have at present no known feasible means of combatting, involves the lower animals also. Secondly, the patient with tuberculosis must be rigidly quarantined before exemption from this scourge can be secured, while in the ordinary sense of the word quarantine is not necessary in the case of typhoid. By a perversity of fate, it will be impossible to quarantine the tuberculous patient until we can secure legislation that will virtually imprison him for the benefit of the population as a whole, while, on the other hand, the ordinary typhoid patient is during the major part of the course of his disease really quarantined by his physical weakness and the necessity of confining him to bed to take care of him.

It is quite impossible to obtain reliable statistics to show the exact relative prevalence and mortality or disability due to these four preventable diseases, but in an average year 350,000 typhoid cases occur in the United States, and about a tenth of them die, while the survivors lose at least a month of life on the average, not to mention the direct expense. In any group of persons exposed to typhoid to such a degree that every one gets a dose of typhoid bacilli, practically every one who has not already had the disease contracts it, without reference to his general health at the time.

Every case of typhoid fever that now occurs implies two disgraceful conditions. 1. Human excrement has passed pretty directly to the mouth of some other human being. 2. Every death from typhoid fever is an act of homicide by the person or persons in charge of a preceding case. These facts have been long

enough and well enough known so that no one really in charge of a typhoid patient can plead ignorance of them. The first fact needs no qualification except to state that the amount of excrement is not ordinarily sufficient to be detected by the senses. On the other hand, it may be strengthened by the statement that the great majority of the infectious material that keeps typhoid extant comes from either faeces or urine, not from expectoration, epidermal scales, etc., and that it comes from a patient flat on his back and in charge of a physician and a nurse. This last point may also be strengthened. If the patient cannot afford good care at home, he is almost always in a hospital, under the care of trained nurses, and where there is every facility and every possibility from the standpoint of discipline for the exercise of proper precautions. Typhoid is not like many diseases in which the patient can somehow or other get along without care. He is—with rare exceptions—so sick that good nursing, though not always attended by a trained nurse, is inevitable. Any exceptions come under the same category as cases of starvation, solitary persons dying without being discovered, sudden catastrophes at a distance from the ordinary safeguards of civilization, and such a catastrophe seldom takes the form of typhoid because the farther a person is away from civilization the less likely is he to be in reach of a source of infection.

The better class of patients are practically always under the care of a physician and his attendance is necessarily so frequent that he ought to be able to instruct even an untrained nurse—a member of the patient's family, for instance—as to the care of the discharges. But it may be asserted that there is no condition arising in medical practice, infectious or not,

in which the probability of the employment of a trained nurse is so great as in the case of typhoid. The readers of this journal are abundantly able to support this statement if true, or to correct it if false. Let the reader who has been in practice a few years eliminate her surgical and obstetrical cases and those in which she has had charge of a more or less nervous patient as well as the cases which require companionship more than nursing. Relatively to the incidence of typhoid in private houses, has not this disease claimed your attention more than any other? And has not your experience been that the families who could not afford your services for a broken limb, a case of nephritis or consumption, or measles, or diphtheria, have, somehow or other, managed to secure them when typhoid occurred?

In regard to the second statement that every typhoid death is virtually a homicide, it is obvious that deliberate murder of a definite individual is not meant, and that the persons guilty of homicide are not in danger of serious penalty at the hands of the law, but, morally speaking, to let typhoid excrement get into the water supply of a community, or to let it reach any of the less frequent paths of infection, as by flies, is just as much manslaughter as to fire a gun into a crowd or to throw a bottle from a high cliff down to a level where there is every likelihood that it may smash some one's cranium.

It has already been stated that with comparatively few exceptions, mostly explained by solitary life of the victim, the occurrence of walking, mild cases of typhoid fever, Christian Science or dense ignorance and neglect, typhoid fever is pretty regularly and constantly under medical care. It has also been plainly

implied that the method of prevention of the spread of typhoid is neither subtle nor recently known. It is an established fact, easily put into practice, and no physician competent to practice at all can be ignorant of it. Thus the responsibility lies primarily with the medical profession and no attempt is made to disguise this fact.

But, as already emphasized, there is no disease which is so likely to enjoy the benefits of trained nursing as typhoid, and while the general executive responsibility of the case lies with the physician, the execution of details necessarily devolves upon the nurse. Even if the physician neglects his duty and is willing to have other human beings killed as the result, this slaughter may still be prevented if the nurse does her duty. Moreover, while it is a dangerous thing for the nurse to go contrary to the physician's directions in regard to the care of the patient, or to supplement them, unless in great emergency, even if she is morally certain that her judgment is superior in this regard, she can save human lives without in any way interfering with the physician's attendance on the particular case. It is scarcely necessary to add that no reference is here made to cases subject to family or untrained nursing. In that case the nurse is avowedly ignorant except as she is specifically instructed by the physician.

The sweeping statement may be made that if all cases of typhoid fever could be under the care of trained nurses who fulfill their duty for one year, typhoid could be practically annihilated. The word *practically* is used in qualification because we must still allow for the spread of infection by unrecognized cases, especially by the ordinary case in its unrecognizable stage, by so-called

bacilli carriers, that is cured, patients in whose alimentary canal, gall bladder and urinary passages typhoid bacilli continue to propagate even for many years and for unpreventable lapses of various kinds. But all of these sources of infection together account for a comparatively small percentage of the total typhoid incidence. The great majority of typhoid cases might, if the bacilli bore proper labels, be traced back to discharges known to be infected. If these discharges were properly treated, in every case, there would be a rapid and enormous fall in the typhoid incidence. The disease would become so conspicuous by its rarity within a year that every case would be eagerly sought and studied, special precautions for preventing its spread could be easily secured and, by the law of chance which governs the transfer of bacilli from one case to another, there would remain not even the relatively small percentage of cases due to the practically unpreventable sources of infection mentioned, but a percentage of this percentage.

Now do not imagine for a moment that this article is a mere visionary statement of what might be. There are many infections, such as the exanthemata, influenza, etc., in which the germs are given off so abundantly and are so easily transmitted in the air that, so far as we can see at present, there is no hope of limiting them, so that we are excusable, if not justified, in neglecting more than the ordinary measures of prophylaxis. But typhoid has already been controlled to such a degree as to warrant hopefulness. In the city with which the writer is most familiar, there are now about 300 cases a year. When it was a quarter as large, there were about a thousand. Yet, so far as can be judged, there are at present a far greater proportion of cases brought

in from outside the city. In Paris and many other European cities typhoid has already become a relatively rare disease, not exactly a medical curiosity, but as rare as diabetes, for example.

It should be confessed that this diminution of typhoid incidence has been due very largely to precautions taken, so to speak, just outside the mouth of the man who might be infected, by safeguarding the water supply. We have now got to a point when further care at this point will be very expensive, necessitating sand filtration or the purchase and policing of large watersheds by cities, and other elaborate means of an engineering nature, or else the education and discipline of a people which is notoriously difficult of discipline, to guard its own drinking water and otherwise to practice precautions at its mouth of an elaborate, expensive and time-consuming nature. In 1890 there were over 43 deaths from typhoid per 100,000 of population. From the gradually increasing density of population we should expect the typhoid deaths to increase. Instead, they have gradually and steadily declined to a trifle over 28 for 1905.

Fortunately, we have also reached a point where the number of typhoid cases is so small that it is high time to practice the "man at a time" policy, and where it is becoming more and more possible to trace—and to punish—the sources of every fresh outbreak.

Do not misunderstand me to deprecate the continuance of precautions "at the patient's mouth." But, in a perfectly literal sense, we want now to catch the typhoid bacillus coming and going. At first thought, it seems ridiculous to try to kill such minute and numerous organisms as disease germs. But, is it? When in Holland, with water everywhere, and

stagnant pools and marshes practically unavoidable, I expected to see plenty of malaria, but it was rare. My immediate conclusion was that the anopheles, the mosquito necessary for its transmission, was, for some reason absent, but I was assured that it was fairly abundant. Then I exclaimed: "Why is malaria so rare!" And the answer by Prof. Pel, the leading medical authority of the country, was that the prompt and universal use of quinine in every case that did accidentally occur, had destroyed the plasmodia.

Now, it is true that the typhoid bacilli are minute and almost infinitely numerous in any single case. But they do not fly off from the surface of the body, nor are they carried by air currents as in the case of the so-called "contagious" diseases, which are so extremely transmissible that not even contact is necessary to spread them. They do not multiply outside of the body as some pathogenic germs do. On the contrary, sunshine and cold kill most of them in a comparatively short time. Unless in very favorable surroundings, for instance, protected from the sun and kept at a proper temperature by the fermentation going on in a manure pile, they at most manage to survive in any environment outside of the body. They do not reproduce the disease in uncontrollable lower animals except in a theoretic, laboratory sense of no practical sanitary importance, so that we can concentrate our attention upon human patients. They are attacked by germs of decay already present in the feces, in vaults, and readily implanted from the air. They are filtered out by a few yards of ordinary soil. If there were no growth in human beings, the probability is that within six months they would all die out in any natural environment that they would be at all likely to reach.

Forget that typhoid bacilli can only be seen with the high power of a microscope. For practical purposes they are as large as a discharge of feces or urine (about one sample of urine in five contains them) or, at the smallest, as large as a mass of sputum from an involved lung (and not every pulmonary complication of typhoid consists in a localization of the typhoid process), or as the contents of a rose spot or a boil or abscess (which again, may not be due to typhoid bacilli directly). Doubtless some few colonies of bacilli will escape, but, even so, they are still confined to the patient's gown, his bedding, handkerchiefs, towels, eating utensils, etc., or, at the farthest, to his room, which can be disinfected throughout the course of the disease and at the end.

It is unnecessary to beg you to try to save the patient's life. But remember that you have it in your power to save or to kill other human beings. Do not hide behind the impersonal nature of the killing. It may not be so impersonal as you think. If you are nursing a case and taking no precautions as to the discharges, read the health reports of the town next below you in about a month, if the streams are not ice-bound, or the next Spring, if they are. The chances are that you will see that there has been an increase of typhoid, or, if the town is small, the total number of cases may be all increased from zero. Then you can say to yourself "I helped do that." By a little correspondence you can actually find the names of these people that seemed so impersonal. If you are in the country or in a small village that still uses wells, you may be able to trace your work without reference to health reports. This would be less impersonal. It is not at all impossible that some of the persons killed are your own friends or

relatives. This would be distinctly personal.

Meanwhile, both physicians and nurses must bear in mind that the comparison of a typhoid case or epidemic to the result of a shot fired into a crowd, is becoming truer and truer in a sense that may not be apparent at first thought. People are beginning to hunt for the person that fires that gun. As in the illustration, the larger the crowd and the larger the number of places from which the danger might come, the harder it is to locate the exact individual. Every municipal board of health that is not derelict in the discharge of its duty is able in almost every instance to trace a typhoid infection, at least part way. For example, not to mention camps and analogous communities in which there is no sewerage and flies and dust are thick, so that the

typhoid was probably borne from feces pretty directly, there may be a number of cases near together in a city all of whose inhabitants use the same water. Then the board of health hunts for the milkman and usually finds a patient in his family and a method of handling the milk or the cans that is not only unsanitary, but grossly indecent. If the cases are distributed pretty evenly, the water supply is probably at fault. If it is a big city with a large water shed supplying its water, it is almost hopeless to locate the exact source of the epidemic. The smaller the town the easier it is to trace it by remembering the simple rule that water runs down hill. If wells are used and the hunt is so easy that the local health officer probably knows in advance the source of the infection and can tell just about what families are endangered.

Chronic Constipation in Children

Herman B. Sheffield declares that the causes of habitual constipation are very numerous. Faulty diet is responsible for a great many of these cases. Another cause, atony of the intestines, may be primary, congenital in nature, or secondary or acquired. In various chronic diseases associated with general debility and loss of flesh, the sluggishness of the bowels forms merely a symptom of the disease. In treating these cases the causes instrumental in the production of this condition should first be arrested. Then the damage done during the continuance of the constipation should be removed. It is of great importance to train the child to have a movement reg-

ularly every day. An easy position for the child at the time of defecation should be studied. The child should be placed on a low seat so that it may assume a squatting posture. The aperture in the seat should not be too wide, for the gluteal group of muscles must be allowed to separate or relax. Correction of diet is very valuable for the prevention of this trouble, but does not always remedy it. The addition of cream, butter-milk, honey, cooked or raw fruit and vegetables to the regular "mixed diet" is invaluable in older children. A glass of cold water on an empty stomach and before retiring is often very useful.—Archives of Pediatrics.

Special Schools for Tuberculous Children

MABEL JACQUES,

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PROBABLY no idea dealing with the treatment and prevention of tuberculosis appears more plausible than that of housing the tuberculous and suspected tuberculous school children in separate buildings, in other words, the establishing of outdoor schools.

We who are nursing the tubercular, are all, I am sure, constantly meeting with children who are in the incipient stage of tuberculosis, or those coming from families where some other child or an adult has been suffering from the most infectious stage of the disease, and where there is every possibility, yet no marked features of infection.

We endeavor, of course, to get these children under treatment. But immediately comes the drawback of the lack of education which must necessarily result if they are put under the proper treatment. It most assuredly is not right that these children be left with fifty or more other scholars in school rooms where the ventilation, though sufficient for ordinary children, is insufficient for these particular ones to whom we are referring. Then again, it is not fair to the healthy child beside whom, doubtless, the infected one must sit. Consequently to treat these small patients properly there seems to be nothing left to do but have them excluded from school. In some States I believe there is a law to that effect, or one that will shortly go into effect. But, as a general rule, the exclusion of these children can only be accomplished through a written request to the principal, from the family physician, to have the child excused.

This is a hard matter very often to ac-

complish, both because the physician possibly fails to see the importance of such an action, and also an objection is very apt to arise on the part of the parents. They are resentful, probably, of being told that the child needs to remain at home on account of the disease, and they object to the absence from school, and the natural results which follow.

Not many months ago, in a Pennsylvania town, a child was excluded from school by the teacher, owing to a marked suspicion that she was a victim of tuberculosis. The parents of the child were enraged at the action, and deeming it unfair, entered a suit against the School Board, in which they were eventually successful. Had there been a special school to which this child could have been sent, all this trouble and expense might have been avoided.

In a way, you cannot blame the parent, who generally is ignorant of the dangers of the disease, this resentment at having his child denied the privileges of a public school education.

And under the present existing conditions in having the child excluded, how much is really accomplished? True, he is not compelled to remain for five hours in a badly ventilated school room, but very likely, particularly if it be Winter, the child becomes lax in his outdoor treatment, and is doubtless to be found many days in a closed kitchen beside a hot stove.

Of course if these children are excluded from the school they should be sent to a sanitarium where they would be compelled to take the required treat-

ment. But they cannot all go to sanitariums, there is not room for them, hence we must try and keep them at home, and in so doing make sure that the curative results are in the majority.

Now we may have a child who remains at home, takes the required number of hours out of doors, sleeps under the proper conditions, takes his nourishment at the proper times, and in fact, carries out almost to a dot the modern sanitarium rules at home. Taken in the incipient stage, within a very short time, we see a marked improvement, and within a required length of time his physician pronounces him a cure. But it is often a year, and sometimes more than a year, before this child returns to school. Behind his class, lax in his methods of study, disappointed in the advancement of his classmates, while he remains behind.

I have in mind just now an example which may possibly illustrate this. A boy of nine years, of intelligent colored parentage, early in the Winter began losing weight, developing about the same time a persistent cough. Upon examination it was found that the child had incipient tuberculosis. The physician who had made the diagnosis, explain matters to the principal, and the child was excused from school indefinitely. A routine treatment for his daily life was begun at home, earnestly urged by the parents, who anxiously co-operated with us. Of course, the child was told to remain out of doors. But where? The yard was too small, there was no balcony, no flat roof. Nothing remained but the street. The street and an association with other children who were remaining at home for reasons which pleased mostly themselves. But the boy was getting the fresh, invigorating air, and he was improving. The last exam-

ination finds the lungs completely healed. But what about the boy? He has a brother, two years his junior, who is about to pass to a higher grade, full of the enthusiasm of his work, looking rather indifferently at the older boy who is unable to compete with him, and who does not care to hear of his brother's success, and when next Fall comes he must step back, while the younger brother goes forward.

One can, of course, argue that all this is nothing as long as the health of the child is secured and the infection of other children prevented. But why cannot this be accomplished without the drawbacks to the child's education?

Let there be established in all cities special tuberculosis schools under the Board of Education. We have special schools for the incorrigible, for the blind and for the deaf and dumb. Why could we not have as well special schools for the tuberculosis child, on whom, to a great extent, the health of the future generation depends?

Through Dr. Ellen A. Stone, in the *Journal of Outdoor Life* for May, we learn of the opening and carrying on of a fresh air school in Providence, R. I. This school appears to be most successful, and the forming of these special schools all over the country would, I am sure, be a great help to us in prevention and the education along tubercular lines, as well as the doing away with exclusions from school. Each city should select the highest point of ground available for such a building. Simple of construction, but well built, and possessing exceptional values as to ventilation. In fact, instead of the usual puzzling question of heating a building, we should urge the best methods for letting in all the cold air possible.

In Providence hot soapstones and various arrangements to keep the children warm, are supplied, and they are not at all disturbed by the cold weather.

This system seems to me almost an ideal one, if properly carried on, and we of the nursing profession can do much toward advancing this idea and furthering its establishing, and I am sure that in time such schools will be found all over the country. In Philadelphia the idea has been suggested several times at different public gatherings by Mr. Wallace Hatch, secretary of the Anti-Tuberculosis Society of Pennsylvania, and doubtless before long there will be movements on foot in that city to carry out the suggestion.

These schools will not only furnish proper means for educating the tubercular children, but will also be a form of employment well suited to teachers who themselves are afflicted with the disease. It is, of course, by no means compulsory that the teachers be infected members of a community. In fact, it always appears to me that good, healthy people working among these poor tubercular are often an incentive for them to do all in their power to help on the improvement of their own condition.

Many of the large cities at present and some of the smaller ones, are employing trained nurses in their public schools

who supplement the work of the Medical Inspectors, and these nurses would, I am sure, be only too glad to add to their already splendid work, the oversight of the health of these scholars of the special tubercular schools.

I should think also that the interest of some philanthropic or charitable organization might be gained, whereby a certain amount of milk and eggs could be furnished to these children during school hours. All this, I am sure, with proper instructions in the homes by the school nurses, should accomplish many curative results, and in so doing go a great ways toward obtaining a far better standard of health in the coming generation. For it is to the child that we must turn to help us reach this higher standard. The little children who we see playing on the streets can, with proper training, carry a wonderful influence into the poor disease-harboring homes. Let us teach these children the dangers of this disease and of the infection which may follow, making it simple and easy for them to understand, and they will carry the message into their homes, and in time the defensive attitude of the tubercular and their families will be replaced by the submissive, and we will find that in winning children to our side we have gained one of the greatest allies in the fight against tuberculosis.

Personal.

The Misses Lillian and Eva Cooper, R. N., are spending the Summer abroad. They are now in England and expect to return to Colorado Springs late in the Fall.

Miss Florence Hartman, of Toronto, Canada, class of 1902, Methodist Episcopal Hospital, Brooklyn, N. Y., has gone to Constantinople to teach English in the Turkish schools.

The Red Cross Day Camps

ON June 29 the first tuberculosis day camp of the American National Red Cross was opened in Schenectady under the auspices of the Schenectady County Subdivision of the New York State Branch of the Red Cross. It is the first of five Red Cross day camps established, or to be established, this Summer in America.

A Red Cross day camp will be opened in Albany within a short time, and another in New York City on October 1. Other Red Cross day camps are located in Washington, D. C., and Wilmington, Del.

The Schenectady Red Cross day camp is located in a pine grove on high flats in the southeastern part of the city. It has two permanent wooden buildings—an office and a kitchen—and on platforms a large dining tent, two hospital tents—one each for men and women—and two conical tents for night campers. A medical visiting committee, whose members visit the camp in turn for an hour or two a day, are Drs. C. F. Clowe, H. L. Towne, Peter McPartlon and J. H. Collins. The camp is in charge of a superintendent, Miss Sarah B. Palmer, R. N., who was in charge of the floating hospital in New York City for three years. The nurse is Miss Rose Hofmeister, R. N., formerly of Utica; a temporary nurse has served nights part of the time. The camp has also a cook to prepare the noon meal and the milk, eggs, etc., served at other hours of the day. The camp opened with six patients and now has fifteen, the probable limit this year. The camp will be open until November 1, and perhaps longer. The design was to take only incipient and moderately advanced cases, but it has

been difficult to draw the line in the new undertaking, and the camp has four fairly advanced cases—one of which is confined to bed. Several patients sleep at the camp. The camp has received its patients from the municipal dispensary.

The Albany Red Cross day camp, which it is expected will open soon under the supervision of the Albany subdivision, will be located on Kenwood Heights, on land generously furnished by the Albany Hospital for Incurables.

The camp arrangements are in charge of the Day Camp Committee, of which the medical members are Drs. Howard Van Rensselaer, Henry Hun and Charles K. Winne. The nurse will be Miss Nellie Coligan.

The Red Cross Day Camp Committee is, for the purposes of co-operation, a sub-committee of the local Tuberculosis Committee of the State Charities Aid Association.

The New York City Red Cross day camp is to be conducted by the New York County Subdivision of the Red Cross, and will be located on the roof of the Vanderbilt Clinic, a dispensary department of the College of Physicians and Surgeons, which is the medical department of Columbia University, and is at the corner of Sixtieth street and Amsterdam avenue. The clinic will fit up the roof at an expense of \$10,000 and will supply medical supervision to the camp. The New York County Red Cross will supply nurses, attendants and nourishment to the forty or more patients to be received.

The camp will open October 1, and will continue during the day all the year around. After the first few months, it

is probable that the camp will be open day and night. The superintendent of the camp will be Mr. Charles B. Grimshaw, superintendent of the clinic, and supervision will be given by members of the regular staff of the clinic. The capacity of the camp will be at least forty, and probably more, patients. Incipient and moderately advanced cases will be received, and when running the twenty-four hours more advanced cases can be handled.

In establishing these camps the American Red Cross joins hands not only with the National Association for the Study and Prevention of Tuberculosis, the State Charities Aid Association, and other organizations already engaged in the field, but with the other members of the International Red Cross. They were adopted only after investigation and consultation with the leading experts, and after recommendation to the Red Cross by the National Association for the Study and Prevention of Tuberculosis.

The day camp is of approved value in this country as well as abroad. The first day camp in this country was opened in Boston some three years ago, and has given such a good account of itself that it has been taken over by the new Consumptive's Hospital, located in Mattapan. Other camps have also been conducted in Boston, Salem, Mass., Washington, D. C., and in New York City, on the disused ferryboat "Southfield," conducted last year by the Charity Organization Society, and this year by Bellevue Hospital. The camp has, in fact, come to be recognized as an indispensable part of every progressive plan for the relief and control of tuberculosis,

and therefore offers a wide field for useful work on the part of an organization so large and influential as the Red Cross, while at the same time its relative inexpensiveness and simplicity of conduct will not require the raising of large sums or the maintenance of a large force of workers, thus diverting the energies of the Red Cross from its first, if not more important, obligation of assisting the medical department of the Army in time of war, and of serving as the official emergency relief organization of the people in time of great national calamity.

The Red Cross—national and local—has practically no funds with which to carry on this work, since it retains for its own use no part of the millions of dollars which pass through its hands and which are given for the specific purpose of mitigating suffering in given localities, as San Francisco, China, Japan, etc., and since its membership dues are merely nominal—one dollar per annum—and hardly meet the expense of organization. The relatively small emergency fund at national headquarters is available only for war and disaster, and the endowment fund only for national calamities of the greatest magnitude. Tuberculosis indeed is a calamity, second to none other, but the terms of the national charter do not permit the deflection of the funds to this use, nor moreover would it generally be deemed wise to do so. The Red Cross is therefore appealing for voluntary contributions, and is confident that these contributions will be received in amounts sufficient to conduct a large number of day camps similar to the ones already instituted.

Night Duty

FROM THE POINT OF VIEW OF A PUPIL NURSE ON NIGHT DUTY.

SEVERAL months before I entered the hospital I one day came across some verses entitled "Woman's Rights," one of which particularly impressed me: "The right to tread so softly beside the couch of pain,
To smooth with gentle fingers the tangled locks again,
To watch beside the dying in the still small hours of night,
And breathe a consecrating prayer as the spirit takes its flight."

How very beautiful, I thought; and I read the verse over until I knew it by heart. Also, I looked forward more eagerly to the time when I should be admitted to the hospital and thus be privileged to practice those dearest rights of my sex. Being now a nurse in the hospital and at present on night duty, I have at last abundant opportunity to enjoy the special privileges so poetically enumerated. Enjoy, did I say—well, now, somehow that doesn't seem to be just the right word in the right place.

According to poetry and romance I ought to have nothing to do but hold hands and smooth tangled locks and fevered brows. But this being stern reality instead of romance, I have an astonishing number of other duties to perform, duties which, in fact, take precedence of those pretty tasks assigned to the nurse by the average writer of romance. "The right to tread so softly beside the couch of pain" sounds rather well—as a quotation used to impress people outside of sick rooms, it is excellent—but as practically exercised in a hospital, it demands an abundance of strength, both of mind and body, and means not a little self-sacrifice. "To

smooth with gentle fingers the tangled locks again" may be very romantic under certain conditions; but when one is hurrying around in a hospital ward trying to attend to twenty other less romantic, but decidedly more necessary duties, one is quite apt to altogether overlook the opportunities afforded for the practice of those employments so universally popular among the nurses one meets in print—not to mention the fact that the hospital nurse who allowed her patient to become the possessor of tangled locks would be sternly called upon to render a good and sufficient reason for her neglect, and that such good and sufficient reason not being forthcoming, the neglectful nurse would thereupon be treated to certain remarks from the head nurse well adapted to prevent any similar occurrence in the future. "To watch beside the dying in the still, small hours of night"—no poetry, this, but an experience that is surely bound to leave its mark on the life of the most frivolous young person; a solemn, tragic experience that calls for all a nurse's latent powers of self control, all the strong steady nerve that she can muster.

In our small hospital there is often but one night nurse, and as the superintendent and nurses sleep in the Nurses' Home, and the servants occupy a wing almost detached from the main building and quite isolated from the wards, the solitary night nurse is solitary indeed, having no companionship except that of the sick, over whom she is watching. Any extreme emergency occurring, the night nurse is, of course, supposed to immediately call assistance; but the

shrill whistle of the speaking tube seems to be a particularly unpopular sound at night, and the night nurse soon learns that the emergency must be real, not imaginary. It naturally follows that the experienced nurse is apt to be figuratively torn in two between dread of calling assistance unnecessarily and a terror of assuming the responsibility of dealing alone with the alarming symptoms that she sometimes discovers, and perhaps oftener imagines she discovers, in the still small hours.

Very solemn are the thoughts that sometimes bear one company in the long, hard, ghostly hours of night duty, when the lonely nurse is perhaps for the first time brought face to face with the great problem of life and death. When we sit beside the dying bed, then, if ever, do we indeed feel the need for some power to solace, some words of hope and promise for a future life beyond this world that experience in a hospital shows one to be so full of pain and suffering and sorrow. The solitary night nurse sits beside the dying bed, awful enough at any time, but much more solemn when alone at night and the heavy spasmodic breathing of a dying man may be the only sound. Little wonder then that one feels lonely, all alone in a world of sickness and pain and death—alone, cut off from all communication with other living, healthy people, alone with the sick, alone with the dying; you watch a last convulsive gasp; your heart contracts—you are alone with the dead. This is night duty in our hospital.

Night duty is something that in realization far exceeds any anticipations one may have had of it. Mere words can do scant justice to this portion of a hospital nurse's experience. Night duty in a hospital means more than loneliness.

It requires personal experience in order to fully understand what it *can* mean. Night duty? It means a turning of night into day, day into night; sleeping in the daytime—providing that you are fortunate enough to be able to sleep—keeping wide awake and at work all night long, no matter how much this may be at variance with your inclinations. You get up late in the afternoon, feeling tired, sleepy, stupid, out of the real world altogether; you go on duty at 7 o'clock at night and perhaps take entire charge of thirty patients—in which case, although you do your best, they probably are not cared for quite as you would like to be if you were ill. At 7 o'clock in the morning you thankfully drag your tired and sleepy self over to the Nurses' Home, there to partake of a solitary breakfast, while your thoughts linger persistently around the sick beds which you have just left; and a little later, feeling all at once more wide awake than you have felt for twenty-four hours, you draw down your bedroom window blind, close the shutters to keep out the glaring daylight; and, stifling all yearnings to be up and about in the glorious morning sunshine, you creep into bed, resolutely close your eyes and strive to go to sleep. In this you are generally successful sometime before night—when it is about time to get up and go on duty again, certainly, if not before. There are days when I drop asleep almost as soon as my head touches the pillow; but there are also other days when I toss about hour after hour disturbed by a thousand noises which penetrate into my darkened room from the busy city without, and apparently magnified a hundred fold, echo and re-echo through my sleepless aching head; days when I try in vain to sleep, miserable

days to be followed by still more miserable nights, during which I am compelled to fight off Morpheus with even more perseverance than I have all day used in trying to woo the fickle god of sleep. A failure to sleep when one ought, combined with a tendency to sleep when one most emphatically ought not means much misery for the poor night nurse. Even though she has slept well during the day the night nurse cannot be comfortably sure that she will not be tortured by an overpowering drowsiness stealing over her when she least desires it. Much to be envied is the rarely fortunate nurse who is never called upon to combat that awful sense of coming sleep—awful in real truth, when sleep, above all else, is forbidden; when she acutely realizes that to yield to sleep may mean disaster to some one over whom she is watching; when, indeed, it is scared into her consciousness that happen to herself what may, *sleep she must not*. The work so lavishly provided for the night nurse in our hospital has at least the one advantage of tending to keep her so busy that she must necessarily keep awake. But even on busy nights there may come a temporary lull, sometime between 12 and 3 in the morning, a moment's breathing space, an interval of benumbing inactivity when there is nothing for the night nurse to do—nothing but watch and listen—a little space of time, during which the whole world seems wrapped in profound slumber; yes, even the moaning, restless, pain-racked hospital world is for the time being asleep, too. After a poor day's rest, the night nurse goes on duty tired and "blue," harboring a dread of the coming night. During the early hours she is thankful for the duties that keep her moving about, and performs them so energetically that the dreaded

enemy is kept at a safe distance. But when an interval of quiet comes she is sure to be so tired that she cannot help welcoming an opportunity to rest for a few minutes. So she sinks into a chair, probably by the bedside of the patient most critically ill, and with eyes very wide and ears alert, prepares to wait for any sound that may come to indicate the need of her presence elsewhere. And while she softly presses her finger tips to the clammy, emaciated wrist and counts the feeble, fluttering, irregular pulse beats, while she notes the character of the respirations and scans the pallid countenance for signs of any change, then, even then, sleepiness, her insidious foe, comes, and in the dim light an unusual silence steals upon her unawares and strives to enfold her. It comes and presses down her tired eyelids over her aching eyes, it numbs her senses until only by the supremest effort can she keep herself alive to the stern duty of wakefulness and vigilance; she knows that she is in danger of succumbing, but her limbs feel paralyzed, her eyelids weighted with lead; she is indeed falling asleep on duty—by a powerful exercise of will, stimulated temporarily by fright, she literally drags herself from the chair, staggering as she goes. She hastens out to the gas stove and drinks big cupfuls of strong black coffee, but her head nods and her eyelids droop even as she drinks it. Desperately she plunges face and hands into icy water; she goes out into the corridor and walks rapidly up and down, up and down; but pretty soon she goes slower and slower, and her eyes close and her head nods as she walks, though she is ever through it all acutely sensitive to any sounds from the wards. She goes back and gulps down more black coffee; once more she bathes face

and hands in cold water, vigorously rubbing them afterward and wildly endeavoring to shock herself into a desirably wide-awake condition by conjuring up a formidable array of terrible consequences sure to follow should actual sleep for the space of one minute be allowed to overtake her. She wishes that some of the patients would wake up and want something, and listens in hope, but for once they seem to be all peacefully resting. She goes into the wards and looks upon rows of sick, unfortunate, crippled, maimed humanity, and at that moment she is dangerously near to the point of envying them because they may sleep if they can, and in consideration of this one great privilege, their ills almost seem trivial. She feels that she would give almost anything just to be permitted to go to bed and to sleep; yes even for the privilege of throwing herself down on the hard, bare, cold corridor floor and closing her wearied eyelids for just five minutes—this is night duty.

It is little wonder that as the weeks of hard work, poor sleep and heavy responsibility roll by one grows nervous and melancholy. Little wonder that as the solitary night nurse treads the silent halls she is sometimes startled by her own shadow, and that although her ears are constantly on the alert for sounds from the wards, yet her heart gives a great jump and her limbs tremble when the uncanny silence is suddenly broken by a loud cry or groan of distress from some unexpected quarter. I did not from personal experience know the meaning of the word "nervous" when I began night duty, but I realize that I am in a fair way to understand it much too well before I leave off. I go about in the subdued gaslight from one sick bed to another, and from ward to ward, fearing—

I really do not know what. With very sick patients there is, of course, ever the dread that some change for the worse may occur in one's absence, for when a nurse has charge of twenty patients she cannot be at as many individual bedsides at one and the same time. Nervous? Why, truly, as I pass along the dim deserted corridors I am sometimes ready to fancy that ghostly footsteps are following me, and I more than half expect to see some strange phantom shape looming up out of the shadows. I know quite well how foolish, yes positively silly, this is; but I have been on night duty long enough to realize the frailty of the best of feminine nerves after a siege of such nerve-straining, spirit-trying work, for reason cannot easily control my absurd fancies or check the tide of my uncomfortable emotions.

But when day begins to break, when the first faint rosy streaks are seen in the east, when the glad light of morning comes at last, quickly the terrors and loneliness of the dark hours are dispelled. The work which for some time may have given the night nurse too much leisure for thought, now makes up for any such deficiencies, and very quick and deft must she be in order to finish her work and be ready to go off duty at 7. And when 7 o'clock in the morning arrives, she can scarcely believe that it can be so late, so quickly do the last two busy hours of her duty pass away. She tells the day nurses that she has had a hard night. "Yes, perhaps rather hard," the reply, "but *nothing* to the time *we* had." She feels very cross at this; she doesn't believe them, and sometimes she says so. But they, because they have a distinct remembrance of their own night duty, forgive her and harbor no hard feelings.

How Constipation May Be Relieved

EMILY J. MACDONNELL.

IT is said of gout that it attacks
"More rich men than poor men,
More wise men than fools."

This remark does not apply to constipation, yet this malady, though no respecter of persons, has certain well-defined laws. It is a known fact that sex exercises an important influence; more women suffer from constipation than men; the brunette more than the blond, the Latin races rather than the Anglo Saxon, the nervous temperament more than the phlegmatic.

Many and dangerous are the cures for it that are thrust upon suffering humanity, for indeed constipation, with its accompaniments of indigestion, discomfort, depression, insomnia, is to many true suffering. In all reliable medical books people are warned to avoid cathartics, no matter under what seductive name they may appear. Cathartics become a habit, and habits, we know, accompany us to the grave.

The delicate mucous membrane which lines the intestine may be injured for life by the loving care and over zeal of the anxious mother with her faithful administration of the sugared dose. It is within the remembrance of many of us when every unfortunate babe who was ushered into this weary world opened its mouth for the first time to receive a teaspoonful of castor oil.

In old hospitals this was a "standing order" in the maternity wards. Doubtless we of middle age all began our careers in this manner. But the world is advancing and cathartics are decreasing. The nursery Saturday night dose of "salts and senna" or "sulphur and

molasses" is becoming a thing of the past.

Massage, in skilled hands, is good treatment, but massage is for the rich and idle, and cannot be carried out very faithfully by the busy woman who has her household to look after, or by the woman who is earning her own living.

Diet is a powerful agent, but requires to be carefully carried out, and the patient's idiosyncrasies thoughtfully studied. The same diet will not have the same result with all. Fruit, so useful in some cases, fails in others. So with the coarser cereals; and they are seldom, if ever, sufficiently cooked. Figs chopped into small pieces and soaked in salad oil, taken the first thing in the morning and followed by a glass of cold water, have sometimes cured the most obstinate cases.

A useful prescription, giving permanent results, and being within the reach of all, is the following bread, which, if properly prepared, will be found far from unpalatable:

Wheat Buns.

Wheat Bran, pint.....	1
Whole Wheat Flour, quart.....	1
Milk, pint.....	1
Salt, pinch.....	1
Old-fashioned Molasses, table- spoons	6
Baking Powder, teaspoons	3

Bake in gem tins.

From one to three a day should be taken, with or without butter, hot or cold. In following these simple directions several things should be borne in mind.

The wheat buns must be well mixed,

well baked, and above all things well chewed to give excellent results.

At first there will be the difficulty of procuring Wheat Bran, for all know ordinary bran is made from oats, and until your grocer finds it worth his while to keep it, you will probably have to procure it from a "feed store."

Nowadays we hear of women supplementing their incomes in many new and original ways. We have "Mary

Elizabeth's Home Made Candies," "Susan's Mouth Wash," "Jane's Barley Sugar." Surely it would be worth the while of some enterprising and energetic nurse who does not care for hospital life, and is tired of the "tramp" existence of the private nurse, to start to make and sell, daintily and correctly prepared,

One a penny, two a penny,
Hot Wheat Buns.

In the Nursing World—Continued

Born.

At Sullivan, Me., Aug. 13, 1908, to Mr. and Mrs. Harvey Dunbar, a son. Mrs. Dunbar was Miss Alice Blaisdell, a graduate of Maine General Hospital, Portland, Me.

At the Methodist Episcopal Hospital, Brooklyn, N. Y., on Friday, Sept. 11, 1908, a daughter to Mr. and Mrs. Harry Taylor. Mrs. Taylor was Miss Mary Owen, of the class of 1904, Methodist Episcopal Hospital.



Married.

June 10, 1908, Miss H. Schwalbee and Mr. H. W. Jenkins, of Savannah, were quietly married. Miss Schwalbee was a graduate of Park View Sanitarium Training School, class of 1905.

Miss Iva Cliff, Assistant Secretary of the Hennepin County Graduate Nurses' Association, of Minneapolis, during the past year, and Dr. T. J. Benson, of Fromberg, Montana, were married Sept. 10, 1908. Miss Cliff is a graduate of Asbury Hospital, of Minneapolis, class of 1904, and Dr. Benson, a graduate of the University of Minnesota, 1904. Doctor and Mrs. Benson are at home at Fromberg, Montana.

Miss Grace Anna Garnett was united in marriage Sept. 9th to Mr. Leonard J. Hughes at St. John, New Brunswick. The ceremony was performed by the Rev. R. P. McKim at the residence of the bride's sister, Mrs. J. S. Gibbon. Mrs. Hughes was formerly head nurse at the Chipman Memorial Hospital, at St. Stephen.

Miss Helen V. Curley, class 1900, St. Joseph's Hospital, Yonkers, N. Y., and Mr. William O'Conner, a prominent business man of Yonkers, were married Sept. 1st. After a few weeks in Maine Mr. and Mrs. O'Conner will be at home, 217 Buena Vista avenue, Yonkers, N. Y. Mrs. O'Conner was a member of Miss Ryan's registry several years and quite popular among her co-workers, all of whom wish her much happiness.

In Brooklyn, N. Y., on June 30, 1908, Miss Elizabeth May Straley, of the class of 1906, Methodist Episcopal Hospital, Brooklyn, to Mr. John Monroe Battell.

In Ottawa, Canada, on June 30, 1908, Miss Mildred Isabel McFarlane, of the class of 1904, Methodist Episcopal Hospital, Brooklyn, N. Y., to Mr. Charles Alfred Smith. Mr. and Mrs. Smith will make their home in Ottawa.

Editorially Speaking

Nurses and Social Service Work

No subject (unless it be the training school) which concerns hospitals is attracting more attention at present than social service work. It is true that for many years a great many hospitals have done more or less of such service for both in-patients and out-patients. Superintendents have imposed on themselves the task of getting cases admitted to other institutions, convalescent homes, of putting them in touch with charitable and other helpful agencies. It has been a fixed policy for years with some superintendents (whose heart had developed in proportion to the expansion and opportunities in other directions) to never allow any poor patient to leave the hospital without the assurance that somewhere there was a door that would open to receive him. This kind of work has been quietly done—so quietly that the world has known little of it. Hence the enthusiasm with which the mention of social service has been hailed as a new idea. Perhaps the large charity hospitals have not done much of such work. Perhaps the spirit of social service has been lacking in the out-patient department. Perhaps nurses in general have not felt any special responsibility for such service. All this is probably true. We needed an awakening, and all American hospitals and society in general are debtors to Dr. Cabot, of Boston, for putting emphasis on the need of more attention being given to this subject if our hospital treatment in many cases is to be really effective.

This awakening has already come to many hospitals, and with the awakening

has come the realization that if hospitals are to effectively develop this department of social service they must have a staff of workers specially trained for such work. Many hospitals are now looking around for capable women to take charge of the social service work. They are prepared to pay a fair price for such service if they can get women who can fill the bill. That rate of payment will be advanced as the woman proves her ability to make such a department effective. The public will pay for such service, but it demands (and rightly) as efficient service in that department as in other lines. One thing has been fully demonstrated in the last two or three years—that is that laymen who are trained in philanthropic work can do such work. It does not require a thorough knowledge of the human anatomy, or of nursing, or of medicine. It does demand good judgment and common sense, energy, tact, a knowledge of human nature gained by first-hand contact with large numbers of people, and a real and genuine interest in the "other half"—an interest so genuine that it will leave no stone unturned in the search for a way out of the difficulties of each individual and home.

The training needed for such work is not, and can never be, properly considered as a part of the regular nursing course. It is a specialty to which nurses may aspire after some years of experience have been gained. In many ways nurses are better fitted to do such work than the church worker or charity expert, because they are able to see things from the hospital standpoint, to appreciate the

needs of a great many hospital regulations which to the lay worker seem severe or superfluous. That is, nurses are better fitted if they will take the special training for such work. The present is a critical time. A few years will determine to a large extent whether this field of hospital service is to be occupied by nurses or by women without nurse training who have had training and experience in general philanthropic work only.

This is a line of work which should appeal to the older nurses—that is, to those especially who have passed or nearly passed their allotted ten years in hospital work or nursing. Perhaps the great mass of nurses are unfitted for such work, but there are a great many nurses who unquestionably are fitted for it. It demands some executive power, the ability to manage people, a resourcefulness in dealing with a variety of problems.

Within the past few years a great many superintendents of nurses and of hospitals have dropped out of active hospital work to rest, and perhaps find some line of work less strenuous than regular hospital work. We believe that many of these women are by natural endowment and experience well fitted for such work if they would give a few months to getting the special training needed.

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Favoritism in the Training School

THE address of Dr. W. A. Norman Dorland, of Philadelphia, Pa., before the graduating class of the Philadelphia School for Nurses, has attracted much attention from members of the medical profession. The address has been published in pamphlet form, and has been highly commended by the medical press.

In the course of his address Dr. Dorland calls attention to the evils of favoritism in the training school. He says:

"I have had an extensive hospital connection, and even in this question of the training of a nurse there is a grievance which has repeatedly been brought to my attention by the student nurses themselves, although I have frequently noticed the defect and commented upon it. * * * I refer to the flagrant irregularities in the individual course, whereby one favorite nurse profits by an excess of bedside or out-patient instruction, and another draws in the lottery of favoritism a special career as clinic nurse, while a third bears the brunt of official disfavor and rounds out her career as hospital drudge."

This is most certainly a serious charge. The superintendent of a training school for nurses is but human, and that some of her pupils will appeal to her more than others is but natural, but that she should carry her likes and dislikes to the extent of depriving a pupil of the training due her is not to be tolerated. Dr. Dorland further states: "An impartial administration must be expected; and let me emphatically state here that this impartiality can be demanded and insisted upon by a proper and respectful co-operation on the part of the student body. * * * The favoring of one student in any respect should be regarded as a dangerous precedent, and should be resented immediately and without leniency by the student herself and by her classmates."

While this condition undoubtedly exists in some schools for nurses, we think it by no means general, as there are many high-minded women superintendents who would scorn such methods, but where it does exist the fault is with those who select the head of the school. We have before called attention to the lack of care exercised in this selection, the board of directors in most cases giving more atten-

tion to the reputation of the school from which the candidate has graduated than to any qualities of mind or heart which a woman should have to fill successfully this most trying position.

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The English Registration Bill

FOR twenty years English nurses have been struggling to bring about state registration for nurses. Three bills were presented at the present session of Parliament, one by an organization known as "The Society for Obtaining State Registration for Nurses" (perhaps we have not the official name exactly right), one by the Royal British Nurses' Association acting in conjunction with representatives of the medical profession, and one by certain laymen and officials interested in hospital work and nurses. The latter bill was promptly disposed of. The bill instituted by the Society for Obtaining State Registration was recommended for a second reading. We learn from an English exchange that it came up for consideration in committee in the House of Lords on July 21 with "a formidable number of amendments, which alter it in many respects from the original bill." The formation of a provisional council is done away with, and the number of the general council is reduced to fifteen persons, six nursing and six medical representatives and three to be appointed by the Privy Council. It is quite evident that the problem of providing nurses for the small wage-earner is attracting much attention in England, as well as in America. One of the amendments to the bill suggests the insertion of a clause providing as follows: "If within four years from the commencement of this act the Council make a representation to that effect to His Majesty, His Majesty may, by order in Council, authorize the Council

to institute a register of nurses, to be called associate nurses, having a lower standard of training than that required in the case of registered nurses; but nothing in this act or the order shall authorize any such nurse to use or take any name, title, addition or description, implying that he or she is certified under this act, or is recognized as a registered nurse, except in combination with the word 'associate,' or to vote at any election of a direct representative of registered nurses."

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What Are Conventions For?

WE asked the above question in the September number, and one of the answers received will be found in the Letter Box Department of this number. The writer of the letter is a superintendent of nurses of many years' standing. From her point of view the convention is a social gathering for the reunion of old friends and kindred spirits, and if it is a success in this respect it has fulfilled its mission. We doubt not that many of the delegates who attend the conventions are of the same opinion.

But if we are to accept this as the consensus of opinion, would it not be better to eliminate all other elements from the programme? Let it be known and understood as a social gathering. When a woman prepares a paper for one of these meetings she does so at the cost of much time, thought and labor. It seems to us hardly fair to ask her to do this if when such a paper is presented it is to be looked upon as our correspondent states, "a dried up paper on the many problems of nursing, to which no one wants to listen."

It seems hardly fair that an alumnae association should be taxed for the purpose of having one of its members come back and report only that she had a "good

time," for, as we previously stated, we fail to see how she is going to impart this "good time" or "inspiration" to the other members of her association.

We also must consider the woman who goes to the convention caring little for the social features, but with "serious thoughts intent," and finds, to her great disappointment, little time or discussion given to the problems in which she is interested.

If the majority of nurses care only for the social features of the convention, if they have no interest in the nursing problems of the day, if they are bored by the papers and discussions, in justice let these facts be understood and let us cease preparing papers, appointing committees for investigation and doing many other things which, if this sentiment prevails among the delegates, seem like wasted effort.

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Condensed Studies for Nurses

THOSE who have labored long and hard to eliminate non-essential instruction from the nurse's course of study have found one of the great difficulties to be the lack of suitable text books. Most of the text books on anatomy and physiology contain a great deal that may occasionally be valuable for reference, but nurses have neither the time nor energy to read through hundreds of pages to cull out the important points—hence the clinging to the antiquated lecture system and note-taking in many schools. What is true of anatomy is true also of dietetics, materia medica, obstetrics and various other studies. Not only is much

time consumed, but the important point is often missed by nurses in a diffuse, elaborate presentation of a topic. After much thought and work on this problem and after receiving requests from a number of superintendents in different parts of the country, Miss Charlotte Aikens has undertaken the arrangement of a two-volume book of condensed studies for nurses. The book will not deal with the technique of general nursing, but with the theory of the allied subjects, and the special subjects, with which nurses are expected to be familiar. The first volume will contain a course of lessons on anatomy, physiology, materia medica, hygiene, bacteriology, dietetics and the principles of cooking—those subjects which (with the teaching of practical nursing) form the main part of the first year's studies and the groundwork for the remainder of the course.

Volume two will contain a course of lessons in obstetrics, gynecology, fevers, children's diseases and general medical and surgical diseases, arranged in concise form so that the matter can be grasped by the pupil with the least expenditure of time and energy.

In the preparation of these much-needed volumes Miss Aikens is consulting with superintendents and medical men of wide experience in teaching and hospital work, and the books are sure to meet with a cordial reception by those who are trying to reduce the burdens of the nurses and simplify their teaching problem.

It is expected that the first volume will be issued late this coming Fall.





CHILDREN FROM THE SUMMER PLAYGROUND SCHOOLS OF NEW YORK CITY ENTERTAINING NINE HUNDRED PATIENTS
OF THE METROPOLITAN HOSPITAL, BLACKWELL'S ISLAND.

The Hospital Review

Metropolitan Hospital.

The accompanying picture represents seventy-five children who gave a most delightful entertainment for the patients of the Metropolitan Hospital, on Blackwell's Island.

The children were from the Summer Play Ground Schools, of New York City, and this seemed an excellent way of putting into practical use the work which had been done in the Play Grounds.

The exercises were held on the hospital lawn, and the grounds, being spacious, it was an easy matter to seat between 800 and 900 patients in an immense circle, giving all a full view and abundant space for the performers.

The exercise consisted of calisthenics, folklore dances, songs and games—the music being furnished by a band of eight pieces.

Arrangements were made for all patients who could possibly be moved to attend, and their interest and delight during the afternoon more than repaid for the effort. The contrast between the actors and spectators was most striking. The children, gay, happy, full of hope and eager for the experiences of life; the patients (to many of whom life had been a hard struggle and bitter failure), glad to forget their misfortunes and recall, perhaps, happier days.

Arrangements were made for the entertainment by Mrs. Ralph Trautman, who is president* of the Woman's Health Protective League, an inspector on the Board of Education and a member of our Training School Board.

It was planned as a double festival for patients and children; and also with the hope of inspiring the children with a spirit of helpfulness.

After the exercises refreshments were served for the children in the Nurses' Home, and each child was presented with a bouquet. They unanimously requested that they be permitted to repeat the entertainment next Summer.

The principals and teachers accompanied the children, and they, with the guests, doctors

and nurses, entered into the spirit and helped to make the afternoon a most pleasant one.

The Department of Charities had placed one of its steamboats at their disposal, and as they sailed away, amid the waving of flags, we hoped not only that they might revisit us, but that the spirit would spread to other institutions and other cities. AGNES S. WARD,

Superintendent Training School.

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Some Phases of Medical Service.*

The medical service of the Methodist Episcopal Hospital embraces from 25 to 30 per cent of the total number of cases treated. The greater part of the professional work of the institution is, therefore, of a surgical nature. This statement holds true of the great majority of similar charities. The surgeon's share of the work has of late years shown a tendency to increase. This tendency is readily explained by the growing disinclination on the part of the surgeon to operate except he has at hand the life-saving facilities of a well-equipped operating room. Without question this is as it should be.

But, for all that, the medical service thrives and takes keen interest in medical diagnosis and treatment, and rejoices or is cast down according to the success or failure of its efforts. We cheerfully leave to our surgical colleagues the comparatively quick and thrilling work of the operating room, while we, on the medical side, are more quietly engaged in watching and guiding the long-drawn course of a typhoid fever, or the relatively short and sharp fight between the germ of a pneumonia and the vital resistance of a patient. But, whether physician or surgeon, our work is the same—a constant struggle against the forces which tend to shorten or destroy life.

The dry statistics which are published—so many recovered, so many died—constitute but the scanty framework upon which is laid, as the sculptor lays his plastic material, the ele-

*Extract from the Report of the Methodist Episcopal Hospital, Brooklyn, N. Y.

mental human interest of the work. It is the hopes, the fears, the anxiety and suspense, the interlacing relationships, which render the care of the sick such a big and vital task. The case, represented by a unit in the annual report, may have enlisted the keenest sympathy, the most strenuous work, the best available skill of the nurses and physicians, but the output of time and energy and compassion necessarily cannot be recorded save in the memories of those who gave and received.

To walk the wards of a hospital and to learn something of the intimate personal history of those who lie on either hand is to find a microcosm of human life. The mother of many is at last compelled to be cared for as she has cared for her children; the rough, strong laborer sees his toil-hardened hands grow white and soft as he impatiently awaits his recovery from a long illness, again to be a bread-winner; the young immigrant girl, but lately landed, looks with frightened eyes, large, dark, pathetic, upon her unfamiliar surroundings, and strives to comprehend the strange tongue which speaks to her. He, who driven by shame or despair, has attempted suicide, lies side by side with the young clerk, desperately desiring to live for his small family. Here, perhaps, is a thief, his criminal instincts in abeyance for a time, undistinguishable in the grip of illness from his next neighbor, an honest, hard-working fellow.

The question is often raised as to how it is possible for the physician to endure the sight of so much suffering as he must, perforce, in daily work. In the light of experience a ready answer offers. If one witnesses distress as a mere onlooker, the spectacle is either unbearable, or the observer is possessed of an unhealthy curiosity. But if one is present with the well-defined object of alleviating the distress, whether of mind or body, sympathy and interest, while fully felt, are not morbid, and are subordinate to a wholesome activity of mind and body directed toward the help and relief of the person in distress. Even sympathy, if too keenly felt, leads to nothing, because the very intensity of emotion destroys the power to aid. The resulting mental perturbation is of such a degree that the reasoning and presence of mind required to judge and to act are, for the time being, abolished. The physi-

cian, therefore, in order to do his duty, must keep the emotions under control and direct them into a well-ordered current of action rather than into a futile waste of expression.

In the Medical Service of this Hospital new remedies and new methods of treatment find a ready acceptance, provided always that sufficient evidence comes with them to render it at least reasonably probable that they are worth using. With the remembrance in mind of many iridescent therapeutic bubbles, which have vanished into nothing at the prick of a hard fact, this service, in practice, errs on the side of a mild scepticism, rather than on that of an unreasoning credulity. But it preserves a perfectly open and receptive attitude toward all that in any way promises good to its work. Not to do harm, even though unfortunately one cannot always do as much good as he would like, is an excellent rule which the service tries to follow.

Medical men who remember the by-gone days, when trained nurses were few and far between, will admit most freely that skilled nursing constitutes one of the most important of modern advances in the general treatment of the sick. Systematic observation, exact records, proper technic in performing the manifold details of nursing, vigilant care, sympathy with kindly firmness, have replaced former unskilled, hap-hazard manners and methods to an extent which is as gratifying as it is valuable. It is pleasant to remember that almost from the inception of this hospital there has been included in its work a training school for nurses which has made the care of its patients as satisfactory as anything can be made in this mortal world.

Through the tremendous energy and executive ability of the Superintendent, Dr. Kavanagh, we at last see within reach the completion of the fine buildings which have stood so long in an unfinished and well-nigh useless state. Those of us who remember the great difficulties under which our work was carried on, and the longing glances cast at the empty walls, appreciate more and more the great task which he has performed in obtaining funds for the full utilization of the dormant accommodations of the institution.

The Medical Service has, for its particular work, further aspirations. These, perhaps, can be realized only after all the necessary

buildings are in full operation and a sufficient endowment has been secured. For example: We need a salaried pathologist. It is not right to ask a man to spend so much time in routine work which is remunerative to him neither directly nor indirectly, and yet which is of the greatest importance to all services of the Hospital. We need also to pay a small salary to one of the younger professional men to take charge of the increasingly difficult work, technically clerical, of securing, filing and indexing the histories of cases. Furthermore, to be fully equipped we should have hydrotherapeutic and electrotherapeutic outfits, which are of little or no use without two permanent and salaried trained attendants, a man and a woman. These could also give massage and prescribed exercises.

We live in hope and with confident expectation that at some time the way shall be made clear for these further facilities.



Josephine Hospital.

The Josephine Hospital at Weiser, Ida., has an ideal location with a beautiful lawn and shade trees. Dr. Jos. R. Numbers conducts this Hospital. Dr. Numbers has a finely equipped operating room and ten private bedrooms. Three nurses are in charge, insuring the best of care to every patient. The Josephine Hospital was opened four years ago this Fall, and has met with success each year.



Tabitha Hospital Dedication.

Tabitha Hospital, Lincoln, Neb., was dedicated with appropriate ceremonies on Friday, September 4, 1908. This institution is located near the home of the Hon. W. J. Bryan, the Democratic nominee for President. It is the property of the Evangelical Lutheran Church (G. S.) of the United States, but draws its church support chiefly from the States of Nebraska, Kansas, Colorado and Iowa. In addition to the hospital there is here a home for aged people and an orphanage.

The hospital is in a large measure a local enterprise, a large part of the cost of inaugurating it being borne by the citizens of Lincoln and vicinity. The estimated value of the entire institution is approximately

\$65,000. It is capable of accommodating easily one hundred patients. The staff includes the ablest physicians and surgeons of the City of Lincoln. The superintendent of nurses, Miss Lydia C. Hutt, is a graduate of the Streator Hospital Training School, Chicago, Ill., and completed her special preparation for her present position at the Wesleyan Hospital, Chicago. She will have an able corps of assistants.



Sheppard and Enoch Pratt Hospital

The Sheppard and Enoch Pratt Hospital for Nervous and Mental Diseases, in its report for 1907, calls special attention to the fact that over 43 per cent. of the admissions of insane patients for the year were "voluntary patients." "Nothing can do more to remove from public opinion and professional prejudice the foolish idea that some stigma necessarily attaches to the patient who has been an inmate of a hospital devoted to the care of mental cases" than the fact that patients can and do present themselves voluntarily for treatment as in other hospitals.

This is one of comparatively few institutions of its kind (that are owned by private corporations), where it is possible for free patients or those with limited means, to enter for treatment. Over 12 per cent. of the cases treated were free, and over 33 per cent of the entire days' care given was to patients who paid an average of a trifle over \$3 per week.

The surroundings and equipment seem all that could be desired.

A training school for nurses was organized about two years ago, which provides an excellent two-years' course of training in nursing, with special reference to the nursing of mental and nervous patients. Under special arrangements a limited number of nurses may enter for post-graduate work.



Mercy Hospital.

August 26, at 1:30 o'clock, the cornerstone of the large west side addition to Mercy Hospital, Des Moines, Ia., was laid, Father Mulvihill, pastor of St. John's Church, blessing the stone. Many interesting articles were placed in the cornerstone chest. The addition of this wing will almost double the capacity of the institution, which has grown to be one of the largest of its kind in the West.

In the Nursing World

ARTICLES IN THIS DEPARTMENT, WHETHER BEARING SIGNATURE OR NOT, ARE CONTRIBUTED, AND DO NOT NECESSARILY REPRESENT THE IDEAS OR POLICY OF THIS MAGAZINE.

Buffalo Notes.

Buffalo has played tag and it proved a most happy and successful game.

The District Nursing Association, of which Miss Mary Lewis and Mrs. Bernard Barton have always been the head and leading spirits, adopted this plan of raising money to carry on their work. Last year the association, through its staff of five nurses, made 8,000 free visits and distributed 25,000 eggs, 32,000 pints of fresh milk, did 2,000 dressings and gave 6,000 baths to Buffalo's sick poor. Probably no charity of the city appeals more to the heart of every man, woman and child. The many amusing and pathetic incidents of the day added much to the interest of the occasion. One little boy brought his penny, saying, "It's all I've got, but if it hadn't been for the district nurse I wouldn't have any mamma." A truckman climbed from his seat and approaching a tag seller said: "I want to buy one of them things. I've got a job now, but last Winter when I had none the district nurse took care of my wife." He deposited fifty cents.

The City Federation of Women's Clubs was asked to assist, and it referred the work to the municipal committee of which Miss Sylveen V. Nye, of the Nurses' Association, is chairman. Miss Nye being a firm believer in the individual effort of organization, immediately formulated a plan to reach the five thousand women comprising the Federation. A list of stations was assigned to the Federation, and Miss Nye appointed chaperons for each station and apportioned the clubs from which they should draw their assistants. This was followed by bulletin letters of instruction to the chaperons, and two public meetings were held at the Iroquois, the first for chaperons only and the second an "inspiration meeting" of helpers. At the latter meeting hundreds of women were in attendance, and as a result the Federation stations were models of business-like methods and uni-

formity of conduct. In fact, the men's committee that had the general planning of the work expressed so great an approval of the management that several of them announced themselves as converts to women's clubs.

The district nurses are: Mrs. Julia Byron, Miss Carrie Steele, Miss Agnes Odell, Miss Anna Cassidy and Miss Pearl Fish.

The first meeting of the season of the Buffalo Nurses' Association was held Monday, September 6, the new president, Miss Nellie Davis, in the chair. Mrs. Alice Arnold conducted a parliamentary law drill. Mrs. Harriet Dorr Storch, president of the association last year, gave an interesting report of the June convention of Western New York Federation of Women's Literary and Educational Organizations. Dr. Earl Lothrop gave an address on the Emanuel Church movement, speaking in favor of it from a physician's standpoint. His remarks contained much that was instructive and helpful to nurses. Dr. Lothrop handles the subject from a thoroughly scientific standpoint, and we could not help wishing that all nurses who are not already familiar with the subject might know it from his point of view. The programme for the year was presented. Nine applications for membership were received and two sick benefits ordered paid.

PROGRAMME.

October—Parliamentary Law, Mrs. Arnold; Paper, Dr. Charles E. Stockton; music in charge of Mrs. Thoms; refreshments. November, Programme to be arranged by Homeopathic nurses. December, Parliamentary Law, Club House Day, Talk on Financial Investment for Nurses. January, 1909, Programme arranged by General Hospital Nurses. Annual Banquet, date to be announced. February, Nursing in Alaska, Miss Clara Carter; Reminiscences by Nurses; refreshments. March, Open Day; Social Service, Dr. Franklin Barrows; Music, Mrs. Thoms; refresh-

ments. April, Programme arranged by Sisters Hospital Nurses. May, History of Florence Nightingale, Dr. Jeanette Oliver-Prescott; Surgical Helps for Private Nurses; music; annual luncheon, date to be announced. June, Silhouettes of Our Members, Miss Cole; election of officers; annual reports.

Miss Clarine De Ceu has resigned her position as superintendent of the Children's Hospital of Buffalo and will go to Washington to enter the nursing department of the naval service.

Miss De Ceu has been an efficient and beloved superintendent and her resignation is regretted on the part of the hospital management. She is a member of the Buffalo Nurses' Association, and the members, while deploring her departure, bespeak for her happiness in her new field of usefulness.

Miss Mary Kennedy is taking an extended pleasure trip to the Pacific Coast.

Miss Catharine Cullinane is the newly elected superintendent of the Buffalo German Hospital. Miss Cullinane is a graduate of the school. The nurses in training and the retiring superintendent, Miss Nestor, evidenced their welcome to Miss Cullinane by giving her a pleasant little surprise party and presenting her with a handsome bracelet.

Miss Louise Loeffler has been elected president of the Alumnae Association of the Women's Hospital. Other officers are: First vice-president, Miss Margaret Kamerer; second vice-president, Miss Mabelle Hunt; recording secretary, Miss Amanda Harris; corresponding secretary, Mrs. Jennie T. Anderson; treasurer, Miss Mary Swartz; historian, Miss Katherine Dwyer. This association is small in membership, but makes up in zeal and enthusiasm what it lacks in numbers.

The members are all also members and workers in the Buffalo Nurses' Association. The annual meeting and election was held at the home of Dr. Maud J. Frye, an honorary member.

Mrs. Harriet Lorr Storck is the chairman of the Finance Committee of the Buffalo Nurses' Association. She, with her excellent corps of assistants, has several plans in

view for raising funds for the association, and they will also gladly receive suggestions from other clubs that have been successful in this line. Did we hear somebody say that they expected to raise \$5,000 this year? We hope they will, and that the long talked of clubhouse will be realized.

Miss Pearl Fish, a graduate of the Corrland, N. Y., Hospital, is one of the newly employed district nurses for Buffalo.

Miss Anna Crotty is the newly elected president of the Sisters' Hospital Alumnae of Buffalo. Miss Crotty has executive ability, is popular with the nurses, and will bring the association to the front as one of the best in the city.

Miss Genevieve Weeks is spending some time at Atlantic City.

Miss Edith Snyder, who has been nursing in New York City for the past two years, has returned to Buffalo.

Medical inspection of the Buffalo public schools will commence with the beginning of the school year.

The German Hospital of Buffalo celebrated commencement exercises on the evening of August 26. The following programme was presented: Overture, orchestra; address, Hon. Jacob Stern; introduction of graduating class, Dr. Max Breuer; awarding of diplomas, Dr. H. C. Rooth; address to graduates, Dr. C. H. W. Auel; presentation of badges, Wm. F. Kasting; selection, orchestra.

The nurses graduated were: Mrs. Etta V. Carter Hubbard, Miss Virginia Rau, Miss Jeanette Mayer, Miss Amy Linnenbank, Miss Catherine Cullinane, Miss Dorothy Claus and Miss Anastasia Kurek.

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New York State Association.

The New York State Nurses' Association will hold its annual convention at Buffalo, October 20 and 21. The executive committee request that as many as possible will make a special effort to attend.

The headquarters and place of meeting will be at the Genesee Hotel, corner of Main and West Genesee streets. Delegates and mem-

bers are urged to arrive on Monday, if possible, as registration will open at 9 o'clock sharp, on the first day, and important papers will be read on that morning.

During the sessions papers will be read on Red Cross work by Miss Pindell, Superintendent of New York City Hospital Training School for Nurses; State Registration, by Miss Palmer, editor of the American Journal of Nursing; Work in the Public Schools, by Miss L. L. Rogers, of New York City; Post-Graduate Work, by Miss A. A. Goodrich, of Bellevue Hospital; Social Welfare Work, by Dr. Lucy Bannister, of New York City; Hospital Economics, by Miss Nutting, Director of the Course at Teacher's College; The Nurse as an Educator, by Dr. Franklin W. Barrows, and papers by three other prominent Buffalo physicians. Several other subjects have not yet been assigned.

The Executive Committee is anxious to make this the best convention ever held in this State, and calls upon every nurse, whether she is a member or not, to come and do her share in making it a success.

The Superintendents will hold an informal session at 9 A. M. on Wednesday.

(Signed) MARY D. BURRILL, R. N., Pres.

FRIDA L. HARTMAN, R. W., Sec.

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Camp Roosevelt.

The next meeting of Camp Roosevelt will be held on October 7 from 2:30 to 5 o'clock, at 596 Lexington avenue, New York. All Spanish-American war nurses are cordially invited to attend.

Bridge, Five Hundred and Euchre.—For the benefit of Camp Roosevelt, S. A. W. N. of New York City, N. Y., at the Assembly Room, Fort Hamilton U. S. Military Reservation, Fort Hamilton (Brooklyn), N. Y., on October 21, 1908, at 2 o'clock sharp, under the auspices of Miss M. Antoinette Gelston and Mrs. Henry Hunt Ludlow. Tickets 50 cents. Those who desire may remain for dress parade at 5 P. M. Tickets for sale by members, or Miss Anna M. Charlton, No. 596 Lexington avenue, and Miss M. Antoinette Gelston, Shore Road and Third avenue, Fort Hamilton (Brooklyn), N. Y.

Directions to Fort Hamilton, N. Y.—Take New York Subway to Atlantic avenue, Brooklyn, then Fifth avenue and Bay Ridge elevated

train to Sixty-fifth street; walk through station and take Third avenue car to Fort Hamilton. Or, take Fifth avenue and Bay Ridge elevated train at Brooklyn Bridge to Sixty-fifth street, and Third avenue car to Fort Hamilton. (About one hour required from Brooklyn Bridge.)

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Pennsylvania State Association.

The annual meeting of the Graduate Nurses' Association of the State of Pennsylvania will be held at the College of Physicians, Thirteenth and Locust streets, Philadelphia, October 14, 15 and 16, 1908.

The chief topic for discussion will be the bill providing for the registration of nurses, and a large attendance is hoped for.

The first edition of the "Quarterly" will be ready in October. Subscription price is one dollar a year, ten cents a copy, and payable in advance. Subscriptions to be sent to Mrs. M. I. Moyer, Strafford, Pa.

Members and delegates can secure accommodations at the following hotels: Hotel Walton, Broad and Locust streets, single room, \$1.50 per day and upward; single room, \$3.50 per day, with bath. Hotel Rittenhouse, Twenty-second and Chestnut streets, single room, \$1.50 per day and upward, single room, \$2.00 per day, with bath. Colonnade Hotel, Fifteenth and Chestnut streets, single room, \$1.00 per day and upward; single room, \$2.00 per day, with bath.

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Philadelphia, Pa.

At the end of the Spring term, 1908, fifteen students received their diplomas at the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia, in the following branches:

In the Swedish system of massage, medical gymnastics, electro and hydro-therapy—Mary T. Morgan, Paterson, N. J., graduate Paterson General Hospital, Paterson, N. J. Sarah Z. Richardson, Greenwood, B. C., graduate Winnipeg General Hospital, Winnipeg, Canada. Marie Louise Scott, Jersey City, N. J., graduate Christ Hospital, Jersey City, N. J. Miriam D. Price, Philadelphia, Pa., West Park Hospital. Elizabeth M. Spratt, Westfield, Mass., graduate Springfield Hospital, Springfield, Mass., and the New York Polyclinic. Elizabeth S. Tyrrel, Philadelphia, Pa., graduate

Women's Homeopathic Hospital, Philadelphia, Pa. Bertha Simon, Grand Forks, N. D., graduate St. Joseph's Hospital, Munich, Germany. Ole Hanson, Copenhagen, Denmark.

In the Swedish system of massage, medical gymnastics and electro-therapy: Mary C. Koetting, Milwaukee, Wis., graduate St. Joseph's Hospital, Milwaukee, Wis.

In the Swedish system of massage and medical gymnastics; Ellen W. Lloyd, Philadelphia, Pa. Susan S. Knapp, Danbury, Conn. Elizabeth A. Hunt, Spotswood, N. J. Paul B. Malick, Ourmiah, Persia, Jewish Hospital, Philadelphia, Pa. John F. Hunt, Spotswood, N. J. William C. Motteram, Philadelphia, Pa.

The Fall term will open in two sections; the first section on October 8, 1908, and the second section on November 18, 1908.



Indiana State Association.

The sixth annual convention of the Indiana State Nurses' Association was held at Indianapolis, September 8 and 9, with the following interesting programme:

Tuesday, Sept. 8, 10 a. m., Call to order by president.

Invocation, the Rev. Neil McPherson.

Address of welcome, Miss Mennie L. Prange.

Response, Miss Lizabeth Heffner, Lafayette, Ind.

President's address, Miss E. Humphrey. Crawfordsville, Ind.

Reading of minutes.

Secretary and treasurer's reports.

1:30 p. m., Roll call.

Address, "Hygiene," Dr. J. N. Hurty, secretary State Board of Health.

2:45 p. m., "Serum and Vaccine Therapy," Dr. Jewett V. Read, Indianapolis.

3:30 p. m., "Pathological Specimens of Interest to Nurses," Dr. Helen Knabe, acting superintendent State Laboratory of Hygiene.

8 p. m., Reception, City Hospital.

Wednesday, Sept. 9, 8:30 a. m., Executive session.

9 a. m., Call to order.

Report of committees.

Report of delegates of affiliated societies.

Report of delegate to National Alumnae, Mrs. E. G. Fournier, Ft. Wayne.

Report of hospital inspection, Miss L. M. Cox, Elizabethtown, Ind.

Question drawer contest by Miss M. B. Sellers, Lafayette, Ind.

1:30 p. m., Visit laboratory of hygiene, State House.

2:30 p. m., Papers: "Typhoid Fever; General Symptoms and What a Nurse Should Watch for;" "Baths; How to Meet Emergencies;" "Diet During Fever and Convalescence."

Discussion.

4 p. m., Visit Woman's Reformatory.

Executive sessions called at president's discretion.



Des Moines Visiting Association.

The above association is now in full operation with one nurse at work. The headquarters of the society being at the Roadside Settlement, South Des Moines. The report of the first two weeks of the new undertaking is as follows: Total number of patients, 10; total number of visits made, 35; total number of recoveries, 5; deaths, 1; referred to county physician, 1; referred to Volunteers of America for free ice, 2; referred to Associated Charities, 2. The officers' report shows a membership of 40 and \$140 in the treasury.



Hennepin County Nurses.

The Hennepin County Graduate Nurses' Association, Minneapolis, Minn., held its fourth annual business meeting, Wednesday, September 9, at 1502 Third Avenue South. Twenty-five nurses were present. A most successful year was reported and 156 members.

Miss Edith P. Rommel, R. N., was re-elected president. The other officers were chosen as follows: Miss L. Louise Christensen, R. N., first vice-president; Miss Anna McKinney, R. N., second vice-president; Miss Harriet Prime, R. N., secretary; Miss Elizabeth Sprague, R. N., assistant secretary, and Miss Marie Nelson, R. N., treasurer.

Dr. Marion A. Mead, the registrar, reported a very busy year through the registry, 2,224 calls having been received for nurses and 1,194 calls from nurses registering for work, making a total of 3,418 calls, an increase of 366 over last year. The demand was so great that during twenty-nine days no nurses were available.

Besides successfully conducting the business of the organization the society has been

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able to extend its help in broader fields by donating toward a fund for the establishing of a chair in hospital economics at the Teachers' College, Columbia University, by sending a delegate to the national convention at San Francisco, and by contributing to the national convention fund of 1909, which convention will be held in the Twin Cities next June.

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Aberdeen, South Dakota.

Exercises of especial interest took place September 1 at the drawing rooms of the Presentation Sisters' Convent, the occasion being the first graduation of a class of nurses from St. Luke's Hospital. Three graduates of the class received their diplomas from General S. H. Jumper after a delightful and interesting programme which was participated

course. Miss Falls gracefully accepted the gift.

The parlors of the convent where the exercises were held were tastefully decorated in pink and white. The occasion was in all respects a most enjoyable one for all the guests and marked a new milestone in the progress of St. Luke's Hospital.

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Oklahoma State Association.

The first annual convention of the nurses of the State of Oklahoma was held at Oklahoma City, September 1.

Miss Rae L. Dessell presided. State registration was advocated for nurses throughout the State as well as stringent examinations and other special requirements of an educational nature. A committee composed of Miss



SUMMER CLASS, 1908, PENNSYLVANIA ORTHOPAEDIC INSTITUTE AND SCHOOL OF MECHANO-THERAPY, PHILADELPHIA, PA.

in by several of the Catholic clergy and the Aberdeen physicians and surgeons. After the programme had been rendered and the diplomas given, ice cream and cake were served and a general social good time was enjoyed.

The members of the graduating class were: Sister Agatha, Sister Ursula and Miss Winifred Falls.

When General Jumper awarded Miss Falls her diploma he also gave her a check for \$100 as an appreciation from Mother Joseph for the devotion she has shown in her work, which has been entirely without compensation during the time she has been taking her

Elizabeth C. O'Donnell, Miss Mabel Garrison and Miss Martha Randall was named to draw up a State registration bill.

Guthrie, Shawnee and Ardmore were well represented at the meeting. A constitution and by-laws were adopted. An informal reception in the evening brought the gathering to a close.

An executive meeting of the club will be called in October to elect delegates to the State convention to be held at Guthrie, in October, at which time State delegates to the National Nurses' Alumnae convention at St. Paul in June, 1909, will be elected.

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Trained Nurse Indian Service.

The United States Civil Service Commission announces an examination on October 14, 1908, to secure eligibles from which to make certification to fill vacancies in the position of trained nurse in the Indian Service as they may occur, at salaries ranging from \$500 to \$720 per annum.

The examination will consist of the subjects mentioned below, weighted as indicated:

Subjects.	Weights.
1. Anatomy and physiology	5
2. Hygiene of the sick room	20
3. General nursing	20
4. Surgical nursing	20
5. Obstetrical nursing	20
6. Experience in nursing	15

Total 100

Male applicants will not be required to take the subject of obstetrical nursing, and the weight of that subject will be divided equally among the remaining subjects except anatomy and physiology.

Time allowed for examination, males 6 hours, females 7 hours.

Each applicant must attach to his or her application a statement showing the number in his or her family and the number that will require accommodations at the Indian school or agency in case the applicant receives appointment.

Age limit, twenty years or over on the date of the examination.

This examination is open to all citizens of the United States who comply with the requirements.

Applicants should at once apply either to the United States Civil Service Commission, Washington, D. C., or to the secretary of the board of examiners at any place mentioned in the list printed for application Form 1312. No application will be accepted unless properly executed and filed with the Commission at Washington. In applying for this examination the exact title as given at the head of this announcement should be used in the application.

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Personals.**MALE NURSES.**

Dr. Solon W. Merrill, '03, McLean Hospital Training School, has located in New York State.

Mr. Walter J. Otis, '03, McLean Hospital Training School, Boston, Mass., will be among the students reading medicine at the Medical College of Virginia at Richmond, Va.

Mr. Herbert T. Harnor, '03, and Mr. Ronald McDonald, '06 McLean Hospital Training School, will continue their studies in medicine at the University of Pennsylvania this coming session.

Messrs. Robert L. Jones, '04, Charles A. Rose and Robert C. Sutherland, '06 McLean Hospital Training School, will read medicine at the Jefferson Medical College, Philadelphia, Pa. The former will enter the sophomore and the latter the freshman class.

Mr. Frank E. King, '04, McLean Hospital Training School, will interest himself in nursing in Seattle, Wash.

Messrs. Benjamin L. Davis, Roy McCall, '04; Robert D. Gunn, Patrick Tompkins and Iver J. McIver, '07 McLean Hospital Training School, will continue private nursing in Philadelphia, Pa.

Mr. Roderick A. Morrison, '98, is located at West Chester, Pa.

Mr. Alexander Thomson, '99, will return to Baltimore to continue his medical studies.

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Miss Edith M. Rice, of Albany, N. Y., has taken a Summer course in domestic science at Columbia University, New York City.

Miss Mary B. Sollers, superintendent of the Home Hospital, Lafayette, Ind., has resigned her position to become superintendent of the Reid Memorial Hospital at Richmond, Ind. The date of her departure has not been set and she will remain until a successor can be secured and acquainted with the work at the Lafayette institution. Miss Sollers's resignation is greatly regretted by the board of managers, as she has made a most capable superintendent.

Miss Maria McDaniels, of New York City, has been appointed surgical nurse at U. B. A. Hospital, Grand Rapids, Mich. Miss McDaniels has had a great deal of experience in Eastern hospitals.

THE BEST ETHICS

is to relieve the patient. Therapeutic Nihilism is neither Ethical nor Common Sense. The Goal of Treatment is *Results*.

Lactopeptine

provides physiological aid for perverted digestive function by its combined enzymogenic agents, which correct deranged action and activate gland secretion, relieve symptoms and remove the cause. *Samples on request.*

THE NEW YORK PHARMACAL ASSOCIATION, Yonkers, N.Y.



AK

FEELING IS A SENSE
FEELING PAIN
NONSENSE

— TRY TWO ANTIKAMNIA TABLETS —
THE ANTIKAMNIA CHEMICAL COMPANY
ST. LOUIS

When you write Advertisers, please mention THE TRAINED NURSE.

the real knowledge of the subjects taught, they find themselves very much handicapped in taking up institutional work.

Schools connected with small hospitals where there is not sufficient material to make the third year worth while ought not to have a three years' course unless they make arrangements for special work with some other institution, but there can be little question of the advantage of a three years' course for schools connected with large institutions. The nurse, hospital and community, are alike benefited by the longer course.

The nurse with her additional knowledge and experience gets an assurance which would be lacking at the end of a shorter course. The hospital and community get better service because of the better work of the nurse.

If all nurses were given a good, broad preliminary training, with special work in the third year, and after graduation giving them sufficient remuneration to retain the most desirable women as head nurses, and while in this capacity giving them every opportunity to fit themselves for better positions, would we not solve some of our present difficulties? We hear a great deal of the overtrained nurse, but I have never met one. In nursing as in other work it is the "little knowledge" that is dangerous, and the nurse with the good all-around training will seldom prove an annoyance to the doctor.

AGNES S. WARD, Supt.,

Metropolitan Hospital Training School,
Blackwell's Island, New York City.



What Are Conventions For?

To the Editor of The Trained Nurse:

I have been reading the editorial on "What Are Conventions For?" and am rather puzzled to know why nurses who attend these conventions go away unsatisfied. Unfortunately for me, I have been unable to attend any of them for three years, and to say I miss them is putting it mildly. The last one I attended was in Washington, D. C., and the address given to the Associated Alumnae by Miss Nutting was well worth the trip from Pueblo, Col., to Washington, and the expense at one of Washington's best hotels. The "inspiration" from that one woman's brain has been one that will last me through my whole life. And after the greetings of nurses I had not

seen for many years, among them one of my own head nurses, who had been "guide, councillor and friend" while in the training school, and our superintendent whom I had not seen for ten or twelve years, I felt as must an old soldier who had slept on the battlefield side by side with another, at the reunions. I felt joy that I cannot express to the readers of this journal; joy and thankfulness that once again I could hear their voices and see their faces. If those who do not enjoy these conventions could live out on the prairies for four weary years and look at sand dunes and cacti and receive once in a while an Eastern paper five, six or seven days old, perhaps they would cease their comments, and when they attend the next one carry with them greetings from the work they had done, instead of listening to what others have done. It all reminds me of the two old Boston Irishmen who were driving heavy dray wagons and locked wheels. One yelled at the other: "You old fool, why didn't you keep out of my way. The reply was, "Sure, Pat, and there's a pair of us." There is room for every convention and then some more, and if some do not clearly understand what they are for they would better go to the next one, and perhaps in a year or two they will be educated up to the convention standards. I heartily admit that it's not the fault of the convention that I cannot grasp it all, but my own, and when a convention entertains a lot of people for three or four days and then that body of people go away and say they do not quite see what such conventions are for, candidly I think the fault is with the one who cannot understand. In Texas we have a small State association and we, at our last meeting, felt the need of being associated with a larger body of nurses, and we met in San Antonio April 22 and decided to send a delegate to California to ask the Associated Alumnae to accept us. We had only a few days to send the delegate, but we sent her, and I am glad to say that the alumnae did not turn us down. We hope to send a delegate to each and every meeting; one who will report to us at our annual meetings, and if she has nothing else to say, she can tell us she had a "good time." I'll give her my money to hear her say it. My lot as a superintendent has not fallen in pleasant places, and I suppose I am foolish enough or doty

WHEN a medicinal preparation has been before the medical men of America for 17 years;

WHEN it has increased in both sale and prestige, year by year;

WHEN countless imitations eloquently testify to its sterling merit;

IS IT NOT SAFE TO RELY UPON IT IN INDICATED CASES?

Such a preparation is

Pepto-Mangan ("Gude")

Of specific and undoubted utility as a general tonic and reconstructive

in ANEMIA, CHLOROSIS, BRIGHT'S DISEASE, MARASMIC CONDITIONS AND SYSTEMIC DEVITALIZATION GENERALLY.

Specify **PEPTO-MANGAN (GUDE)**

Supplied in original bottles only.
Never sold in bulk.
Samples and literature upon request.

M. J. BREITENBACH CO.,
New York, U.S.A.

THE BABY'S STOMACH

cannot be guarded too carefully, for the whole welfare of the little one not infrequently depends on the adequacy of its gastric function.

In this connection clinical experience has shown that

Lactated Infant Food

often exerts an almost specific influence, not only in coaxing back waning digestive powers to their full vigor, but also in maintaining a stomach at its highest digestive capacity.

These virtues are the logical sequence of the nutritive value as well as perfect digestibility of LACTATED INFANT FOOD, which in its composition more closely approximates normal mother's milk than any other known food.

IMPORTANT!

Physicians who wish to give LACTATED INFANT FOOD a careful trial may have samples sent direct to patients by forwarding to us names and addresses.

WELLS & RICHARDSON CO.
BURLINGTON, VT.

enough to love everybody and everything that I see and hear at these conventions, even the old chestnut of an address by the Mayor is welcome to my ears. I must reiterate that I feel sorry for the local associations who have sent such delegates to a convention and have them return without a sense of fellowship with all conventions, either social or otherwise; in fact, I have so little social association with the outside world that the few functions we attend at these conventions are rather in the sense of a treat, and I for one most thoroughly enjoy them. I hope we will still have them. Who, I ask, wants to hear a dried-up paper on the many problems of nursing that we confront year after year? Not I! If I want a post-graduate course, I'll go to a post-graduate school. I believe in conventions. I believe that "divided we fall," and our own schools believe and sustain our hospital alumnae, and it's only a gathering of many minds; and if every one does not agree with the thought expressed, why, each convention is open to every one, and why should one delegate have any more to say than another? Let each local society send delegates that can be heard, and, like Mrs. Caudle, *be heard*—and who will be able to "speak up" if they have anything to say. Large bodies of either men or women never really suit the minds of all the people all the time, but suppose some of these people who condemn the social part of a convention have to entertain or provide papers and work out a programme for a large convention, leaving out the social part. Why, those very growlers would go back and report the inhospitality of the committee on entertainment and would, no doubt, say they did not even give us a reception with pnnch. I am saving my money to go to every one of them that will accept me into their membership, and I am going there to have a good time and see the faces that I love, and if they dance, I'll dance. If it's a swell reception, I put on the best I have and go, and I'll miss some of the faces and voices that I have heard and loved and the sadness will steal over us, and when we leave for our homes we will feel better that we have once again been able to spend a few hours among the "best people on earth—the nurses."

J. S. C.

Fort Worth, Tex.

Hospital Economic Course.

To the Editor of The Trained Nurse:

I am writing to try to obtain some information in regard to the hospital economic course in Teachers' College, New York. Our alumnae association has been asked to raise money to donate to Teachers' College to endow the course.

I have been told that a nurse who wishes to take that course has to pay something over \$600 for her tuition, board and other expenses. I am also told that after five years of work in trying to carry on that course only about twenty-five nurses who have taken the course are in hospital positions. When you consider that those nurses have themselves paid out approximately \$15,000 for their training, that about twenty more who have taken the course and have not obtained hospital positions have paid out approximately \$12,000 and that now nurses are being appealed to for contributions to support a teacher for those nurses, it looks to me like a very poor business proposition for nurses in general. I would like to hear from you or from some other nurses what they think of it as a plain business proposition. Is it worth now, or will it ever be worth to the nursing profession what we are asked to contribute? I believe \$100,000 is the sum asked for. If the nurses who attend the college were not taxed to the extent of \$600 or more a year, making it quite impossible for more than a few nurses with plenty of money to take the course, I would not object to contributing something, or trying to raise money for Teachers' College, but it seems to me the nurses who go there surely pay enough for their tuition. Then why should we support a teacher to relieve a wealthy university of the necessity of paying one?

If it were anything like a mutual benefit association whereby all nurses might get even a small benefit from it, it would be a different matter. Or if the raising of the \$100,000 endowment would lower the tuition fees so that more nurses could take the course I would be glad to help, but I have no reason to believe the raising of this money will lower the cost to nurses. Then why should we give it?

I would also like to hear from other nurses as to the proposition to coerce every



ROY BRADSTREET SMITH

Mrs. R. A. Smith, Seattle, Wash., writes:

"Baby has been raised on Eskay's Food since 3 months old, everything else having failed. At 6 months he walked in a baby-walker, and alone at 10 months. He has perfect health and wonderful strength. I cannot thank

ESKAY'S FOOD

enough, as it saved our baby."

Samples of Eskay's Food for trial purposes, and our cloth-bound book, "How to Care for the Baby," will be gladly mailed to any nurse sending a post card request.

SMITH, KLINE & FRENCH CO., 436 Arch Street, PHILADELPHIA

FOOD FOR A YEAR

MEATS	300 lbs.	BUTTER	100 lbs.
MILK	240 qts.	EGGS	27 doz.
VEGETABLES	500 lbs.		

This represents a fair ration for a man for one year. ¶ But some people eat and eat and yet grow thinner. This means a defective digestion and unsuitable food. A one-dollar bottle of

Scott's Emulsion

equals in nourishing properties ten pounds of meat. Your physician can tell you how it does it.

Send this advertisement, together with name of publication in which it appears, your address and four cents to cover postage, and we will send you a "Complete Handy Atlas of the World."

SCOTT & BOWNE :: 409 Pearl Street :: NEW YORK

nurse into subscribing for a certain journal by making it impossible for her to belong to her alumnae association unless she does. Now, I already take that journal and enjoy reading it, but I do not want to be compelled to take it or cut loose from our alumnae association. It does seem to me nurses ought to be allowed some freedom as to the journals they will pay for. What do other nurses think about these propositions? As they are soon to come up for discussion in our alumnae meeting, I would be glad of any light on these questions.

ONE INTERESTED.

+

Nursing in Panama.

The following taken from a personal letter will be of special interest to those of our readers who are contemplating service in Panama:

Colon Hospital.

Dear Mrs.———

I enjoyed my trip down very much. We were just six days on the water, and I was not sick a day.

The *Esperanza* is a very nice boat, quite new (this was only its third trip), and there was a nice crowd on board. Most of them were people that were returning from their vacation in the States. We had some very good talent and had quite a fine entertainment one night. There were two nurses besides myself going down for the first time. One was from Philadelphia and the other from Orange, N. J. Both lovely girls and, we were all sent to Colon Hospital. There are about forty nurses

at our hospital and the nurses' quarters are ideal. The work is much lighter than any I have ever had to do, being mostly clerical work. Every ward has trained orderlies and attendants, so that a nurses' duties are chiefly executive.

We work only eight hours, yet it fatigues you as much as twelve hours in the States would. The rainy season has just begun and the way things mould is something awful. The heat is not nearly so intense as in New York or in Iowa, and I am never without a blanket at night. Sometimes use two, even. The nights are so cool. The climate has a very bad effect on people's complexions. Every one looks so brown and shriveled. Of course I had no complexion to lose, but I'd advise anyone with a fair skin to stay away. Have not seen a mosquito since I came, and there has not been a case of yellow fever since 1906, but no one escapes the malaria. I have felt quite well so far, but I'm sick of canned goods and commissary pie, and I do long for a glass of good fresh milk. But we cannot expect everything in a place like this. It is certainly wonderful what Uncle Sam has done for the Canal Zone. Really most of our cases are surgical, and the death rate is very low. The hospital is built right on the beach, in fact, part of it is built out over the water. Ancon Hospital, on the Pacific Coast, is much larger, accommodating about 1,500. It is built on a hill and the grounds are a veritable paradise. There is very little illness among the nurses, but they do look so old and worn.

Society Members' Notice.

If you are a member of any society affiliated with the Associated Alumnae you will learn something of interest and benefit if you will send for our Alumnae Association circular. It will be sent upon request.

Resolutions.

In sorrow we learn that Mrs. F. Armstrong, nee Alma Cohen, graduate of 1904, died at the City Hospital, Augusta, Ga., August 14, 1908, after a three weeks' illness of typhoid fever.

Mrs. Armstrong is the first graduate of

Park View Sanitarium Training School to be taken.

Whereas, It has pleased our Heavenly Father to take her from us, be it therefore

Resolved, That we, as an Alumnae Association, express our deepest sympathy to her family; and be it further

Resolved, That a copy of these resolutions be sent to her family, also spread on the minutes of our association, and sent to THE TRAINED NURSE.

MRS. H. W. JENKINS,
MISS ANNA JANOW,
MRS. E. C. WESTCOTT,

Committee.

The 'Allenburys' Foods.

Provide nourishment suited to the needs and digestive powers of the child from birth onward, according to the development of the digestive organs.

The "Allenburys" Milk Food "No. 1"

Designed for use from birth to three months of age, is identical in chemical composition with maternal milk, and is as easy of assimilation. It can therefore be given alternately with the breast, if required, without fear of upsetting the infant.

The "Allenburys" Milk Food "No. 2"

Designed for use from three to six months of age, is similar to "No. 1," but contains in addition a small proportion of maltose, dextrine and the soluble phosphates and albuminoids.

The "Allenburys" Malted Food "No. 3"

Designed for use after the fifth or sixth month, is a partially predigested farinaceous food needing the addition of cows' milk to prepare it for use.

Physicians familiar with the "Allenburys" Series of Infant Foods pronounce this to be the most rational system of artificial feeding yet devised. Their use saves the troublesome and frequently inaccurate modification of milk and is less expensive. Experience proves that children thrive on these Foods better than on any other artificial nourishment

SAMPLE AND CLINICAL REPORTS SENT ON APPLICATION

THE ALLEN & HANBURY'S CO., Limited
TORONTO, CAN. LONDON, ENG. NIAGARA FALLS, N. Y.

A Drink in Fevers

A teaspoon of **Horsford's Acid Phosphate** added to a glass of cold water makes a cooling and refreshing acidulous drink for the patient during convalescence from typhoid and other febrile conditions.

Its superiority over Dilute Phosphoric Acid, or any other acid, is due to the fact that it contains the phosphates of calcium, sodium, magnesium and iron, which means increased nutrition.

Horsford's Acid Phosphate

is more palatable and strengthening than lemonade, lime juice or any other acidulous drink.

RUMFORD CHEMICAL WORKS, Providence, R. I.

New Remedies and Appliances

An Ideal Soap.

Packer's Tar Soap is antiseptic, deodorant and soothing. It minimizes the dangers of contagion, destroys all unpleasant odors from perspiration or unhealthy conditions, and leaves the skin clean, soft and flexible.

+

A New Steel Hair Curler.

In the West Electric Hair Curler women will find a simple, easily applied device for curling or waving the hair. It is made of a single piece of unbreakable steel, and will last for many years.

+

For the Nurse's Protection.

If you wash your hands with Glenn's Sulphur Soap and warm water after attending to the needs of your patient it will purify and disinfect the hands as no other soap will do. It's a fine toilet soap and makes the skin smooth and healthful. Don't forget to keep it in your soap box and carry it in your emergency case.

+

Perfect Comfort for Nurses.

Try any Union Suit you please—experiment if you wish. After securing moderate satisfaction you will begin to discriminate. Then get a "Merode" Union Suit. A sigh of relief will escape you after you begin to revel in its comforts. Fit, finish and fabric leave nothing to complain of. The more critical you are the better you will be pleased.

+

Food in Typhoid.

If all food is thoroughly disintegrated before it enters the digestive tract, there need be but little fear of mechanically irritating the ulcerated surface. Far more danger may occur through malnutrition of the intestinal wall, which prevents absorption of nutriment. An accumulation of undigested food in the intestines is, therefore, highly undesirable, and where Bovinine is employed an examination of the stool will show no undigested curds or food matter.

They All Send Again.

Messrs. Ogden & Shimer, Middletown, N. Y.

Inclosed you will find 25 cents in stamps, for which please send me a jar of your Mystic Cream. I used the sample you sent me, and found it agreed with my skin better than anything I had ever tried before. Please favor me by sending as soon as possible, and oblige

MRS. J. R. THRASHER, Jacksonville, Fla.

+

Baker's—Used Everywhere.

A good housekeeper says: "All the early years of my life were spent in the tropics of India; and in the many English and American homes with which I was familiar Baker's Cocoa was almost universally used. Since coming to this country I have experimented with other makes, but have put them all aside for Baker's, which seems so much more acceptable."

+

Praised the World Over.

Permit me to thank you for samples of ointment and soap and to say that during my twenty-four years of practice I have never found a preparation to excel Resinol; in fact, it is the best and most efficient remedy that has come to my knowledge for skin diseases and especially for eczema. I shall always prescribe it.

DR. J. GIL CARDENAS,
Callao, Peru.

+

Anemia Splenica.

In anemia splenica the blood changes are of the chloro-anemic type. There is marked chronicity extending over many years, with a greatly enlarged spleen. There is a leuchemia, with greatly reduced amounts of hemoglobin. Hemorrhages usually occur in the stomach on account of the close anatomical relationship of the stomach and engorged spleen. Pepto-Mangan (Gude) increases the amount of hemoglobin and builds rich new blood, repairs all waste from hemorrhagia. Tests by the use of the hemocytometer and clinic observation prove the efficacy of this preparation.

The Dangers of Cow's Milk

THE recent epidemic of Scarlet Fever in Chicago has awakened the whole country to the grave danger lurking in the Milk Supply of our large cities. Wherever milk is used that has not been properly safeguarded from the cow to the consumer, the infant mortality will always be high.

Coincident with the Chicago Epidemic there comes a Report of the British Royal Commission on Tuberculosis. After five years' investigation, the Commission confirms the theory of Von Behring, that the tuberculosis of cows is a constant menace to the human race, and that consumption developed in later life has often been contracted in infancy from tuberculous milk.

Nestlé's Food

does not require the addition of milk in preparing it for use, as it is a complete diet in itself. The basis of Nestlé's Food is cow's milk, so treated and modified that it will be easily digested, and will resemble mother's milk in its composition, as closely as possible. The milk supplied to the Nestlé Factories is collected under the most rigid precautions, from cows that are under the constant supervision of the Company's Veterinarians. Furthermore, the process of manufacture completely sterilizes the milk. This is fully set forth in our pamphlet, "Recent Work in Infant Feeding." A copy of this, with samples of Nestlé's Food, we will be glad to send to any physician.

HENRI NESTLÉ, 72 Warren St., New York.

FALL CLASSES IN MASSAGE

THE SYSTEM YOU WILL EVENTUALLY LEARN

Swedish Movements, Medical and Orthopaedic Gymnastics

Term: 3 Months Tuition Fee, \$75.00

Course in Electro-Therapy

Term: 2 Months Tuition Fee, \$25.00

Course in Hydro-Therapy in all its Forms

Term: 6 Weeks Tuition Fee, \$50.00

FALL CLASSES OPEN IN TWO SECTIONS

1st SECTION OPENS OCT. 8, '08 2d SECTION OPENS NOV. 18, '08

7844 TREATMENTS GIVEN IN 1907

No Better Clinical Experience Possible

All courses may be commenced at the same time and finished within three months. The instruction consists of daily clinical work and practical lessons on patients referred to our clinics from the various Hospital Dispensaries. Original Swedish (Ling) system, and Weir Mitchell's Rest-Cure system. All pupils attend clinics at several city hospitals. Separate male and female classes. Payments can be made to suit your convenience. Particulars and illustrated booklet on Massage upon request. An early application for admission is advisable.

INSTRUCTORS

T. D. TAGGART, M.D. (Jefferson Med. College).

WM. ERWIN, M.D. (Hahnemann and Rush Med. Col.)

FRANK B. BAIRD, M.D. (Univ. Pennsylvania).

MAX J. WALTER (Royal Univ., Breslau, Germany, and lecturer to St. Joseph's, St. Mary's, Mount Sinai and W. Phila. Hosp. for Women, Cooper Hosp., etc.)

HELENE BONDORFF (Gymnastic Institute, Stockholm, Sweden).

LILLIE H. MARSHALL } (Pennsylvania Orthopaedic Institute).

EDITH W. KNIGHT } (German Hospital, Philadelphia, Penna. Orthopaedic Institute).

MARGARET A. ZABEL } (Penna. Orthop. Inst.)

WM. H. MONTGOMERY (Penna. Orthop. Inst.)

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Mechano-Therapy (Incorporated)

1711 Green Street, PHILADELPHIA, PA.

MAX J. WALTER, Superintendent

Horsford's Acid Phosphate.

Gently quieting to the nervous system.

Dr. D. G. OVERAND, Springfield, Mass.

Very beneficial to strengthen the intellect.

Dr. D. P. McCLURE, Rantoul, Ill.

Decidedly beneficial in nervous exhaustion.

Dr. A. N. KROUT, Van Wert, O.

Have prescribed it for nervous irritability with marked results.

Dr. B. B. GROVER, Rushford, N. Y.

+

With Great Benefit.

I have employed the artificial Nauheim Baths (Triton Salts) in heart disease, rheumatism, oliguria and in other conditions with great benefit.

I considered the matter of such importance that I incorporated a special chapter on the artificial Nauheim Baths in my manual entitled "Enteroclysis, Hypodermoclysis and Infusion."

ROBERT COLEMAN KEMP, M. D.

+

A Breast Pump for 25 Cents.

The Churchill Drug Co., of Cedar Rapids, Iowa, has extended until November 1st their offer to supply to the readers of this journal one only Hoover Breast Pump, which retails at \$1.00, for 25 cents, which is just sufficient to cover packing and postage. This offer is made so that nurses ordering breast pumps in the future for their patients will be informed as to their perfection of operation. The details of the offer will be found in the advertising columns.

Write now, and mention this journal.

+

Burn by Naphtha Explosion.

"Mr. R. H. Frainey was severely burned by an explosion of naphtha in April, 1895, and brought to St. Barnabas' Hospital. The wounds were cleansed of their previous dressing and caustic was used around the edges and Unguentine applied. After using Unguentine for two weeks the patient was enabled to leave his bed and walk about the ward, and in seventeen days to leave the hospital. After leaving he came daily to the clinic to have his wounds dressed for about a month, when the wounds were entirely healed. Unguentine is used daily in all of the wards of St. Barnabas' Hospital, Newark, in other cases than burns."

Oral Therapeutics.

An eminent New York dentist who has made a particular study of this matter says: "An antiseptic for dental use must be alkaline; the slightest infinitesimal shadow of an acid is dangerous to the teeth." The secretions of the mouth in normal conditions are alkaline. In diseased conditions they become acid; hence the necessity for an alkaline antiseptic to counteract the acidity and establish a normal condition. Therefore use Glyco-Thymoline; it is distinctly alkaline. The best dentists recommend it.

+

Always Reliable.

Case 4. Miss ———, aged eighteen, had always been regular in menstruating. Could get no history of any previous disorder within patient's knowledge. Contracted a heavy cold about time of menstrual epoch, and was much alarmed by non-appearance of flow. Discomfort was not marked. Ergoapiol (Smith), one capsule three times a day, was prescribed. Reported later that flow was established within twenty-four hours after treatment was commenced. The delay in this case was about four days.

JAMES A. BLACK, M. D., Morganza, Pa.

+

A Valuable Therapeutic Agent.

One of the principal subjective symptoms of any disease, or disturbance of nature, is pain, and what the patients most often apply to us for is the relief of this annoying and troublesome feature. If we can arrest this promptly they are much more liable to trust us for the remedies which will effect a permanent cure. The tablets of antikamnia and codeine I consider the best and most useful in controlling severe pain.—C. P. Robbins, M. D., Louisville, Ky., Assistant to the Chair of Obstetrics and Gynecology and Chief of Clinic, Hospital College of Medicine, in *Medical Progress*.

+

Comparison Invited.

All diabetics and dyspeptics should be sure to most thoroughly masticate their food, as the action of the saliva is a very important factor in the digestion of starch as well as other food.

Pure gluten or any product closely approaching it will make gum, not bread, and



*The sweet heart of
the corn*

Kellogg's
**TOASTED
CORN FLAKES**

The package of the genuine bears this signature

W. K. Kellogg

Toasted Corn Flake Co., Battle Creek, Mich.
Canadian Trade Supplied by the Battle Creek Toasted Corn Flake Co., Ltd., London, Ontario.



Kellogg's Toasted Corn Flakes "won its favor through its flavor"—crisp, delicious.

it must be dried and ground and mixed with flour or something else to be eaten at all satisfactorily. Washed gluten can be obtained in quantities and mixed to suit the fancy of the experimenter. But we are always glad to have any such product come into competition with our "Cresco Flour" or "Special Dietetic Food," either as to palatable quality or results.

FARWELL & RHINES.

+

Oxolint—Try It.

A new product of flax, to which the name "Oxolint" has been given, is being manufactured by the Oxford Linen Mills at North Brookfield, Mass. It is a pure linen absorbent of remarkable qualities, and seems in a way to become popular with physicians, surgeons and nurses as a perfect dressing. Samples of it show a beautifully white, soft and downy article highly absorptive and with a springiness that prevents it settling into a soggy mass when saturated. This lightness and its exceptional freedom from adhesive particles recommend its use in the treatment of various kinds of wounds, ulcers, etc.

+

A Food Well Retained.

As it is frequently a difficult task to select a food that is well retained and properly assimilated in cases of cholera infantum, dysentery, diarrhoea and such diseases, we take pleasure in directing attention to Horlick's Malted Milk as a food that has given much satisfaction for many years in these cases. In the manufacture of Horlick's Malted Milk the nourishment of pure milk is thoroughly blended with the soluble, nutritive extracts of malted grain. The casein of the milk is so modified as to form fine, soft curds in the stomach, easily assimilated, while the cereal portion of the food is ready for immediate assimilation. It affords the most agreeable and digestible form in which milk can be used as the chief diet in intestinal diseases.

+

From a French Specialist.

The well-known French nerve specialist, Dr. Le Mord, says:

"I have at last found an ideal nervine, and I make this assertion because I found after a six months' test that its effects conform more nearly to nature than any other that has come under my observation. It is Daniel's Concentrated Tincture Passiflora, and is prepared

from the Passion Plant, which is indigenous to the southern section of the United States. This plant is superlatively sedative in character, and the concentrated tincture constitutes, in my opinion, the most desirable nervine and narcotic at the practitioner's command. I find it most successful in the treatment of such diseases as hysteria, insomnia and neuralgia, as well as in those affections peculiar to women."

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Did You Know This?

Every trained nurse will be interested in the following statement of one of the best-known members of the profession: "For the good of the patient, could I have my choice, I would have every one on a Gorham Invalid Bed. No one can appreciate the benefits until tried."

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This bed allows the patient to assume sitting or partly standing positions, while preserving an unbroken bed line, and, except in cases where neither thigh can be flexed, all patients are placed in a comfortable sitting position on a normal closet seat for all evacuations, douches, etc., or at a table for eating, reading, etc.

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The Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia, was established in 1895. Besides the treatment of patients by the various forms of Mechano-Therapy, a training school is connected with the institution for the scientific application of the Swedish system (Ling) of massage, medical, educational and corrective gymnastics, electricity and hydro-therapy. Thorough practical and theoretical courses of three months' duration are given to male and female students in separate classes. Lectures on anatomy, physiology and pathology are included in the course of instruction. In the year 1907 we gave 7,844 mechanical treatments, which is evidence of the ample practical experience our students get. Graduates are recommended to physicians, hospitals and sanitariums for private work and institutional positions. Further particulars may be obtained by addressing the superintendent. MAX J. WALTER, Supt.

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In an address delivered April 26, 1905, before the Danbury Medical Society, on "The Practical Value of Old Remedies," John V. Shoemaker, M. D., LL. D., of the Medico-Chirurgical College, Philadelphia, Pa., spoke of Hamamelis in the following terms:

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Laboratory tests for demonstrating germicidal power and use in clinical work involve very different conditions. In laboratory tests the actual destruction of the bacteria by the solution unaided is necessary. In clinical work the process involves both destruction and removal of these growths. Therefore an agent, to be effective, must possess the power not only of destroying, but of loosening and removing the bacteria from the surface or structures to which they adhere. Lysol possesses this particular power.

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Knows that, TO OBTAIN IMMEDIATE RESULTS
there is no remedy like

Syr. Hypophos. Co., Fellows

Many MEDICAL JOURNALS specifically mention this
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It can be obtained of Chemists and Pharmacists everywhere.*

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As a further precaution, it is advisable that the syrup should be ordered in the original bottles; the distinguishing marks which the bottles (and the wrappers surrounding them) bear, can then be examined, and the genuineness—or otherwise—of the contents thereby proved.

The Publisher's Desk

The Trained Nurse and Hospital Review

A Monthly Magazine Devoted to Trained Nursing in Private Practice and in the Hospitals of the Country

Editor

ANNETTE SUMNER ROSE

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has no free circulation. Its price is \$2.00 a year, and it is worth it. It is published in the interest of the profession, screens no swindlers, puffs no humbugs, and does not take half its space to tell how good the other half is.

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No responsibility is accepted by the Editors or publishers for the opinions of contributors, nor are they responsible for any other than editorial statements.

Books and monographs will be reviewed promptly.

Short, practical notes upon personal experiences or brief reports of interesting cases, with results from remedies, new or old, will be welcomed.

The Editors and printers will greatly appreciate the courtesy of having all manuscript typewritten; or, if this is impossible, clearly written, great attention being given to proper names and medical terms.

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BOOK REVIEW.

Essentials of Dietetics in Health and Disease; a Text-book for Nurses and a Practical Dietary Guide for the Household, by Amy Elizabeth Pope, author, with Anna Caroline Maxwell, of *Practical Nursing*, and Instructor in the Presbyterian Hospital School of Nursing, Instructor in Dietetics in the School of Nursing of the New York Hospital, Mt. Sinai Hospital and Smith's Infirmary, Staten Island, and Mary L. Carpenter, Director of Domestic Science of the Public Schools, Saratoga Springs, N. Y. Illustrated; price \$1.75. For sale by the Lakeside Publishing Company.

Any book which is intended to benefit three widely separated classes of people must be of a composite character and something of a compromise. In spite of this limitation—and it is a decided limitation to have to keep three classes always in view—this work proves to be interesting and instructive. It is meant for the nurse in private practice, the nurse at the head of an institution and a dietary guide for the average home.

While it will prove of use to the superintendent, the nurse in private practice, or even to the teacher of dietetics, we are not so confident of its value to the untrained woman. But this, of course, is a matter of no importance to the trained nurse.

The book is divided into two parts. Part One contains Principles in eleven chapters, and Part Two contains Recipes.

The reputation of the authors will be enhanced by this work. The book contains 242 pages and index.

Cosmetic Surgery, the Correction of Featural Imperfections, by Charles C. Miller, M. D. 136 pages, 73 illustrations. Prepaid, \$1.50. The author, a Cosmetic Surgeon, feels that there is too much ignorance with regard to Cosmetic Surgery, and that even the majority of physicians do not know what can be done safely now in this line, and he has, therefore, published a little book of 134 pages, describing his operations with plentiful illustrations.

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No. 5

Nurses in Social Service Work*

IDA M. CANNON.

Head Worker, Social Service Department, Massachusetts General Hospital.

IT may be interesting, before taking up the subject of social service work in the particular form we are to consider it, to mention various other expressions of the idea that have existed previously. There have been in many hospitals groups of women who have volunteered their services to visit patients in the ward and interest themselves in cases of need that are brought to their notice. The experience of bodily suffering is so universal that it always has been easy to interest people in institutions and agencies that existed for the sake of alleviating such suffering. Until recently these friendly offices were in the hands of volunteers who gave more or less of their time to visiting the patients and doing what they were able to make their condition more comfortable.

Several years ago, one of the physicians at Johns Hopkins Hospital, who had a social sense, and was interested in the proper training of the medical students, desired to make it possible for them to know more about the home life of the patients they were dealing with, so that they might treat them more intelligently. About seven years ago a corps of students were grouped under the direction of one of the agents of the

Society for Organizing Charity. They acted as friendly visitors to needy families and the mutual helpfulness has been most satisfactory.

It was left to your president, Dr. Richard C. Cabot, to see with prophetic vision the possibility of making the hospital treatment effective by establishing a department of social service to supplement the physician's efforts in the busy clinic.

In the days of smaller community life, when each patient had his family doctor, who was guide, philosopher and friend, there was no need for such supplementary effort; but in the city community thousands of patients, who are combating not only disease, but poverty and ignorance, come to the big clinics for medical care. The limited number of minutes allowed each patient makes it impossible to any more than diagnose the physical disease and hurriedly prescribe a treatment.

In October, 1905, the Massachusetts General Hospital permitted Dr. Cabot to secure the services of a trained nurse (who had had some experience in social work) to investigate home conditions and to follow up the patients to see that the prescribed treatment was carried out.

*Read at the seventh semi-annual meeting of the New England Association for the Education of Nurses. Contributed to The Trained Nurse.

Beginning with one paid worker, the social service department has increased until now there are seven paid workers and fifteen volunteers. Two of the paid workers and one volunteer are trained nurses. The work is carried on chiefly in the out-patient department. During the morning clinic, lasting from 8:30 to 1 P. M., the social service department is ready to receive any patients referred to it by the physicians in the various clinics. The patients are usually sent with some special recommendation from the physician, such as, "hygiene advice," "convalescent home," "see home conditions," or "needs a brace—cannot pay." Often the patient is referred with a recommendation for "advice," which may mean anything from care in a sanatorium to teaching them how to keep accounts.

To avoid unnecessary duplication and to most effectively use the rich resources of the community, it is imperative that the social worker should know thoroughly the agencies that exist for the use of all kinds of needs. I like to think of the social service department as the link between the person with a special need and the agency best fitted to deal with him.

Among these agencies are the state and city institutions, private hospitals and sanatoria, convalescent homes, visiting nursing associations, associated charities and relief societies, children's agencies, temporary and permanent homes, fraternal organizations, settlements, churches and all the other beneficent groups, as well as relatives, friends and private individuals. The fact that 45 per cent. of the 400 to 600 patients who come to the out-patient department of the Massachusetts General Hospital daily come from outside of Boston has made it necessary for us to be familiar also with the resources of the suburbs.

This is not only for the object of making use of them for the patients, but also to make it possible to throw back to the suburbs their own responsibilities in caring for their own.

Aside from the general work of the department, such as referring to other agencies, arranging for hospital care or the planning with them for payment for braces and apparatus, there are four main divisions of the work:

1. Tuberculosis. All cases of tuberculosis that come to the dispensary are referred to us for proper disposition. The incipient cases we send, if possible, to the State or private sanatoria. In every instance where a patient comes from a city that has an anti-tuberculosis association, that association is notified and in many cases the disposition of the patient is referred entirely to them. The fact that the majority of patients cannot be admitted to institutions and need home treatment has given rise to a demand for class care. There are under the care of the social service department two suburban tuberculosis classes, consisting of twenty patients each. These classes meet weekly at the hospital and see the physicians in charge. The patients keep daily records of their pulse, temperature, the amount of food taken and time out of doors. They are visited at least once a week in their homes, where careful instruction is given in home hygiene, and the other members of the family taught how to protect themselves. Under the worker in this department are several volunteers, who become interested in individual families. Through the friendship that arises they are often able to be a great force in reorganizing the family hygienically and in stimulating the patient to carry out the routine treatment which might otherwise become tedious.

The problems that have arisen in the tuberculosis campaign are now recognized as largely social and they form what Dr. Cabot calls the entering wedge for social work into the medical field. I believe it is because of our experience with this disease that we are now seeing the many opportunities for social work in connection with medical agencies.

2. Hygiene. There has been from the first considerable individual instruction in hygiene, aside from that with tuberculosis cases. Since the beginning of the work a trained nurse has volunteered two mornings a week for special hygiene instruction. Very often in the course of the interview facts are brought out that have much bearing on the physical condition, but which the doctor has not had time to ascertain. For example, a girl being treated for insomnia was found to be sleeping in the same bed with three others, but had neglected to say anything of it to the doctor. By a simple readjustment proper sleeping facilities were provided.

Cases of tuberculosis or of marked anæmia found to be working in factories or tailor shops are reported to the State Board of Health.

3. Cases referred from the Neurological Department. Dr. Cabot and Dr. James Putman feel, I believe, that there is probably no class of patients that suffer so much and receive so little attention from the medical profession as the psycho-neurotics. Many of these patients—if their environment can be studied by a sympathetic person trained to understand them and to explain away many difficulties—can be treated successfully in a dispensary. Two trained workers under the supervision of the physicians see these patients in their homes, have long talks with them and try to make

them more susceptible to the physician's treatment. For a few selected patients an occupation class in clay modelling meets twice a week. In several cases the interest that has been aroused has been the most helpful element in their treatment.

Frequently a defective child or epileptic is referred to us and we must direct the parents concerning their care. Sometimes it is to arrange for their admission to an institution or a special class in the public schools. Sometimes to adjust the home conditions. Several stammering children were called to our attention the first part of the year, and an enthusiastic teacher of those so afflicted offered to start a class for us. As a preliminary action the homes were visited, but it soon was very evident that stammering was more than a speech defect. It is largely a question of hygiene, food and occupation, which needs readjustment before much can be done to rectify the difficulty of speech.

4. Sex problems. Probably every one of us who has had experience in hospitals or dispensaries is familiar with the pitiful plight of the unmarried pregnant and diseased girl. The failure on the part of the hospital to assume any responsibility in these cases Dr. Cabot likens to the physician who, because he is not a surgeon, turns away the child with the toy pistol wound in his hand. Since last October we have had in the corps a woman who has tackled this problem with a spirit of kindly understanding. Every effort is made to make the girl's surroundings as normal as possible, to reconcile her and her family to the situation, and to keep the mother and child together.

The work in the wards is a very small part of the department's activities. The

friendly offices have long been in the hands of a corps of lady visitors.

Aside from the regular work, several researches are being carried on as to the social significance of certain diseases. The relation of occupation to tuberculosis, the ineffectiveness of much of the treatment of varicose ulcers and the condition of ex-sanatorium patients are some of the subjects now being studied.

The work at the Massachusetts General Hospital is now nearly three years old. It has been the stimulus for establishing similar work in connection with many hospitals in New York, as well as Chicago, Baltimore and Philadelphia. It has passed the stage of experimentation—has proven itself not the dream of a sentimentalist, but a practical and valuable adjunct of hospital service.

It appeals to me as truly extension medical work, as medical work seen in its biggest aspects and larger bearings. Through such work as this I believe the hospital will some day take its place as the great social factor that it is.

Now comes the question of who shall do this medico-social work. Are our training schools preparing nurses to meet the demand for the many positions as social workers where they can be most valuable? I think not. Nurses are trained for bedside work. They are not taught to see their cases as individuals who are members of families and com-

munities, nor do they know the great resources with which almost every city is richly supplied. It seems to me very possible that our training schools could teach their nurses something of the bearing of the hospital work on the great campaign for public health and teach them to know their patient not as merely a case, but as part of the great interesting humanity that we are to serve.

Might it not be possible that some training school could offer an elective for the third year, that those nurses who feel inclined to take up social work may have an opportunity for special preparation? It is true that most of the nurses in social work have taken it after some years of experience. This, of course, makes them more valuable, but I believe that if we could offer such a course it would call into the profession more desirable women.

In the various schools for social workers there is, of course, the best opportunity to gain a big point of view and a knowledge of social work that cannot be secured elsewhere. The fact remains that here is a great field of work opening before us. Are we going to grasp our opportunities, and with the courage of Florence Nightingale see new ideals for our profession, and welcome every new branch of medical work as our birthright, for which we must carry our share of responsibility?

Married.

At Fort Worth, Texas, September 21, at 5 P. M., by the Rev. J. W. Caldwell, Forrest M. Beaty, of Austin, Texas, to Jennie S. Cottle, of the College Hospital, Fort Worth, Texas. Mr. and Mrs. Beaty will live at The Cordova, Fort Worth.

State Nurses' Association of Missouri.

The third annual meeting of the State Nurses' Association was held in Kansas City, October 14 and 16. The sessions were held in the Grand Ave. Methodist Episcopal Church. The headquarters was Densmore Hotel. The principal business was State registration for nurses.

Improvement of Training Schools in Psychopathic Hospitals

CHARLOTTE MANDEVILLE PERRY, R. N.

OF the history of psychopathic hospitals and psychiatry in general, it may be said that late years have witnessed a period of reconstruction. It was in hospitals devoted to the care of mental sickness that reform first started in this country, through the endeavors of such a person as Dorothea L. Dix, the leader in reform. And in no other hospitals will the marked changes wrought and the advance in scientific research show more clearly. Psychotherapy is keeping pace with the interest manifested in relation to such germ diseases as tuberculosis, and promises to be the leading subject for investigation in the future. It is natural that it should be thus. The nervous system is the chief source of power in the human economy. A sound mind in a sound body constitutes the definition of health. And the fact that this increasing disease afflicts all classes, rendering the victim unfit for society and unsafe to himself and others, makes it evident that we should give such patients of our best. On the principle of noblesse oblige the strong should support the weak, and should look upon the really helpless ones committed to our care as the most sacred trust.

Upon closer examination into the condition of such sickness on the part of those who are not well acquainted with it, the need of trained care by nurses of refinement and education will be emphasized. Although in the past it was not understood, and there is still much to be discovered, we have a disease with

the causes and symptoms clearly outlined. Preventive treatment has been practised for all stages of nervous and mental illness, from simple neurasthenia to the well defined symptoms of melancholia, mania and dementia. There are men like Dr. S. Weir Mitchell and Dr. Edward Cowles who have given their lives to the study and treatment of this class of patients, the latter taking a large part in the founding of training schools in this country, in both general and special hospitals. It is undoubtedly true that recent progress in nursing matters has indirectly spurred on the efforts for improvement in the hospitals for the nervous and insane. But the eddying wave has not been so widely felt as might be desired. In many of the State hospitals no training schools exist, and the class of women who care for the sick therein might "grate on the nerves" of any well-bred person. Not that the motive with which many of these nurses take up the work is not appreciated. The risks run, the nature of many of the duties, and the loneliness of the life are not likely to appeal to the ambitious young woman, whose aim is to get the most out of life. There is this aspect to this kind of nursing, and the high motive is to be recognized and commended wherever it is found.

On the other hand, from the very nature of the disease, patients' sensibilities to their surroundings are abnormally acute. Suspicion adds to the suffering. Both savor of selfishness, which is a repulsive quality, and it takes a per-

son of refinement and education to detect the cause, and to bear in mind continually the irresponsibility of the patient. We need, ethically and educationally, for this work a superior type of woman. The way to secure the same is to place these training schools on a good basis. There is more time for study in such schools, and they are eligible for alliance with the general hospital training schools in a way that no other special school can be, for the reason that the subjects for theoretical teaching can be made identical and take the place of preliminary courses. It is a sad fact that in the general hospital schools much dissatisfaction is experienced, chiefly from the lack of time to be allotted to study. Starting out with a fine curriculum, at the end of the school year net results are frequently disappointing. One reason is the small amount of money devoted to education in hospitals for lecture room facilities, paid instructors and a sufficient number of executives. There should be also a large enough number of nurses in training to arrange for class work and individual study. Probably nurses would study better and have greater interest in their opportunities if they were not worked too hard. However that may be, all these evils furnish a serious hindrance to good training-school methods. To attract the kind of women desired in psychopathic hospitals, more must be offered them of what is said to take the place of remuneration for services rendered. We must appeal to the qualities in woman which are needed for this special nursing from the point of education and of humanity. So long as true womanhood exists it will respond to such an appeal, and the sick and suffering will be ministered to by the intel-

ligent mind and the tender hand. Changed social conditions, variety in avocation offered to women in these days, and perhaps a lowering of the high motive of former days in those applying for entrance to the training schools, threaten to cast nursing in the shade, or to make it less attractive to the young women starting out in life. We like to think that the demand of the age stands behind the improvement in training schools. The surgical hospital has its attractions, and fits in better with the activities of modern life. It is the lack of restraint, the prodigal giving forth of our energies, that is so frequently the cause of mental and nervous breakdown. Are not the hospitals largely responsible for this state of health in young women who come to us well and strong, bright and active, and with as high a motive as we could expect from youth with life before it? If working hours are too long and study hours too short, there will necessarily follow the overstraining of the nurse's strength and the defrauding her of her rightful share of recompense—instruction in the affairs of her profession. Apprenticeship must not only be occupied with the technical and the manual, but with the subject matter for study.

In organizing training schools in hospitals for the nervous and insane, the best models should be followed. Affiliation with the general hospital schools will give the graduate from both an all-around training. There will be more to offer desirable candidates, while the better classification of patients, nurses and help will add to the advantages for those who take up nursing with the high aim of bringing relief to the sufferer, of rescuing some from a sickness, it may be, worse than death.

Making a Small Hospital Pay

CHARLOTTE A. AIKENS.

IT has been asserted again and again that no hospital can ever hope to be self-supporting; that making a hospital pay is an impossible proposition. When hospital deficits are the rule and not the exception, year after year, and this in spite of liberal bequests and annual contributions, it might seem as if the idea of making any hospital pay was well nigh, if not quite, an impossibility. But, here and there, in different parts of the country, there are found hospitals that are not only paying the cost of maintenance, meeting the monthly bills promptly as they come in, but yielding a surplus month by month that goes toward enlargement and improvement. Most of these hospitals are hospitals of less than sixty beds.

To reach the desirable position of self support requires a close study of the conditions that make for success in that direction. The problem would need to be handled differently if the small hospital were located in a large city, where there were numerous large, imposing and well equipped institutions that apparently were ample for the needs, than if it was the only hospital in a community and practically without competition. The small hospital that expects to attain to self-support in a large city must have some distinguishing mark of its own. There must be something that will differentiate it from the larger hospitals besides its size and location. Its aims must be different and likewise its spirit. Unless a small hospital can do its work differently from the larger hospitals there are many who will reasonably question its right to existence in the large cities.

The chief distinctive mark between the successful small hospital and the large one is in the atmosphere of the place. In the small hospitals the patients are dealt with in a more personal way. The atmosphere is more like that of a well-ordered home than of a public institution. Rules and regulations there must be in the smallest hospital, but mechanicalism in hospital service must never be allowed to develop.

The superintendent of the small hospital that hopes to pay its way must be a person embodying the very highest qualifications. As a rule, the superintendents of such hospitals are women. Few small hospitals are in a position to pay more than one capable executive officer at the start, and a woman they must have to take charge of the nursing. It makes little difference whether the superintendent of such a hospital was trained in a large or a small institution. Strong, capable hospital women are liable to develop in any sized institution. It is not so much the technical training in nursing that counts, as the character and make-up of the woman. She must have a good fund of practical common sense and tact, and must patiently work out the problems for that particular institution in an original way. She cannot expect to make the plans of another institution fit it. She must be the real leader of the enterprise and her spirit must pervade every part of the establishment.

The personnel of the whole working force of the hospital must be of high grade. Unless the small hospital can command the service of physicians equal in skill to those connected with the large institution, it can hardly hope to attract

to itself a sufficient number of good paying patients to make self-support possible.

It is doubtful whether a successful small hospital can be developed without a training school for nurses. This is not simply because the training school has proven the most economical way of getting the nursing done, but because it is impossible to create the desired atmosphere in the place if a number of graduates of different schools are employed. Each graduate nurse comes with habits pretty firmly fixed, each with her hospital traditions and ideas of service. Real harmony of spirit among nurses is out of the question under those conditions, and the home atmosphere that must be the chief attraction of the small hospital becomes an impossibility.

In its training school work the chief emphasis should be placed on fitting nurses for private nursing. Attention to the individual patient, kindness, personal interest and assiduous attention to nursing details must be made strong points in the small hospital. The character of the nurses must be of superior quality and the superintendent must be left unhindered in her efforts to secure the very best nursing material. Thoroughness of training for private nursing is easily possible in the small hospital. Far better is a careful study and proper care of fewer cases than a superficial study of many, and a pressure of work that makes careful attention to a patient's wishes and needs impossible.

No small hospital that expects to become self supporting can afford to give clinical advantages to medical students. It is seldom, if ever, really necessary to do this, though requests for such service may come from certain aspiring physicians. Just as soon as a small hospital

allows itself to be used in this way, the possibilities of self support will begin to wane. The pressure will come from different sources to admit interesting cases—interesting from a clinical standpoint, and more charity work will soon be attempted than the condition of the treasury warrants. The very presence of medical students will change the atmosphere of a small place in spite of everything that can be done, and the best efforts of the superintendent in creating and maintaining a pure, serene, home atmosphere will be rendered to a large extent ineffectual. Research work, expensive laboratory work of any kind, educational work other than that done for nurses, must be left for the larger institutions. The small hospital must be content to devote itself to one main object—the giving of the highest grade of medical and nursing service to a comparatively small number of patients. It must aim at quality of nursing service rather than quantity of patients and imposing statistics.

To say that clinical work should not be attempted is not to say that no charity work should be done. The popularity of the hospital with physicians and the public may, and probably will, depend to a degree on a certain amount of charity work, but the amount of money expended for charity should be carefully and wisely considered and apportioned. It must always be a safe proportion. It is quite as unwise for a small hospital to attempt to be charitable beyond its means as it would be for a private individual to give money for charitable objects with pressing legitimate debts unpaid. Most small hospitals have some constituency that can be appealed to for support for free patients. In estimating the cost of free beds the small hospital cannot afford

to be other than honest with its supporters as regards cost. It is the height of folly to say to the public that a free bed can be supported for three hundred dollars a year, if the actual cost is nearer, or quite, or over, five hundred. Many hospitals are to-day making this mistake, but they cannot become self supporting in that way. The paying ward patients should be required to pay the actual cost of hospital service, which will probably be from \$1.50 to \$2.00 a day. No doctor should expect or be allowed to send a bill for service to such patients until the full cost of hospital care has been met.

It is exceedingly desirable that the small hospital have at least one or two rooms suitable for the wealthier class of patients—rooms that will satisfy the fastidious patient with money at his command, but it must have most of its rooms at prices that will make it possible for the middle class patients to have privacy and pay for it.

The superintendent of the hospital is usually in the best position to decide as to a patient's ability to pay, but she must be fair to the physicians of the community and must insist on the paying patients that she refers to staff physicians paying according to ability for medical service whenever possible.

In all large cities there are numbers of physicians of high grade who are not connected with any hospital. The small hospital should be able to attract to itself many such physicians—especially those in its own immediate vicinity. Such physicians need the hospital; the hospital needs them, and it must study to satisfy them and hold them as loyal friends. In dealing with such physicians, it is never wise to have too rigid rules regarding privileges. If the patient is able to pay the actual cost of hospital service in

ward or private room he should be allowed to have his own physician. The adoption of this rule, the fairness of which will appeal to every one, will go far toward winning to the hospital a desirable class of physicians, who will keep the beds and rooms for paying patients filled. If the hospital admits the patient free of charge, it has a right to say who shall treat that patient. For this reason a carefully selected small staff of physicians skilled in various lines seems almost a necessity, but it should be a small staff. A topheavy, cumbersome staff has meant the undoing of many a small hospital. The staff physicians should be given to understand the necessity for strict economy in their service and this can rarely be accomplished with a large staff. There will always be some who will be wasteful and extravagant in the matter of hospital supplies, and these will have an adverse effect on all, and on the whole institution. A good operating room is a necessity, but it need not be extravagantly equipped. What counts for a good deal more than most boards of managers realize in keeping the better class of patients satisfied and making of them staunch friends is a refined and well-managed dietary service. The trays must be neat and attractive always. The food must be of good quality, carefully cooked, of sufficient variety and served in an attractive manner. This can be accomplished in the small hospital even more easily than in the large. It does not require a costly service, but it can never be accomplished unless the superintendent is able to create in her nurses an enthusiasm to excel in this particular, and not then without some personal supervision on the part of the superintendent.

In the Southern part of the United

States the climate will permit the establishment of a permanent out-door department, which can be developed into a very attractive feature of any hospital. Experience has shown that most surgical patients, typhoid fever, pneumonia patients, nervous invalids and many others do much better in tents or on balconies than indoors. In practically all parts of the United States and Canada an out-door service can be given for five or six months of the year at least. This one feature alone has proved exceedingly popular with physicians and patients of small hospitals where it has been tried.

Another good investment for the small hospital is a well equipped bathroom, where hydrotherapeutic prescriptions can be carried out. This can be attained in time, as it does not require a great expenditure of money. A good hot air outfit, both for body and limbs, is another facility the small hospital can offer. All these things help to popularize it with the better, more progressive class of physicians and greatly add to its efficiency. The cost of these appliances can be carefully considered, and, once installed, they can be made to pay their own cost of operating them. The laity believe in such treatments and usually are willing to pay for them. If this were not so, there would not be so many bath houses and establishments of similar character operated for the money they will bring the proprietors.

Every possible source of legitimate income needs to be studied in working out this problem. The special nursing must be done by the pupils of the school, not by outside nurses, for the small hospital cannot afford to lose this revenue. If necessary, an extra house in the neighborhood can be fitted up to provide for additional nurses for this work.

A lack of money at the beginning of a small hospital is no great detriment. It serves as a check on the formation of extravagant habits and precedents. Usually the superintendent is inexperienced and the board also at the beginning of the enterprise, and there is always the temptation to load up with things that are unnecessary and often useless if money can be gotten to pay for them. Time is needed to show on what lines it is wise to expend money after the absolute essentials are provided. Local conditions and needs must be studied. Every hospital has some special advantage which can be developed—advantage of location, or of personnel, or construction or equipment. The needs the hospital can best fill, the lines which seem to have in them the best possibilities of development, with a view to self support, must be studied patiently in the light of experience.

An efficient superintendent is the greatest factor in making a success of the small hospital. Without the right kind of superintendent no board, no hospital, can hope for popularity and self support and general efficiency. Having found such a woman, her worth and ability having been proven, she should be left to a large degree unhampered in working out the problem from the inside, and she should be paid a liberal salary. Cheap executive officers or a penurious policy as regards salaries may do in some places, but no board that hopes to develop a high grade, self-supporting small hospital can afford to try the experiment. Fewer executives are needed in the small hospital, but the quality must be equal to the best, and quality must be paid for, here as elsewhere, if the hospital hopes to retain the right kind of executives.

International Congress on Tuberculosis*

The Cost of Tuberculosis in the United States and Its Reduction.

By PROFESSOR IRVING FISHER.

This paper summarizes the cost of tuberculosis in lives, disability, unhappiness and money.

The death rate from tuberculosis in all its forms in the United States is estimated at 164 per 100,000 of population, and the number of deaths in 1906 at 138,000. At this rate of those now living in the United States 5,000,000 people will die of tuberculosis. The average age at death for males is 37.6 years; for females 33.4 years. The "expectation of life" lost (though estimated on a specially high mortality rate) is at least 24 years, of which at least 17 fall in the working period. The average period of disability preceding death from tuberculosis exceeds three years, of which the latter half is a period of total disability.

The money cost of tuberculosis, including capitalized earning power lost by death, exceeds \$8,000 per death. The total cost in the United States exceeds \$1,100,000,000 per annum. Of this cost about two-fifths, or over \$440,000,000 per annum, falls on others than the consumptive. An effort to reduce the mortality by one-fourth would be worth, if necessary, an investment of \$5,500,000,000. The cost of treating patients at sanatoria is repaid many times over in lengthened working lives.

The erection of isolation hospitals for incurables is probably the most profitable method at present of reducing the cost of tuberculosis.

A Farm Colony Experiment.

By DR. HENRY BARTON JACOBS, Baltimore.

This paper is in the nature of a preliminary report upon an experimental farm colony, which is being made by the Hospital for Consumptives of Maryland at its Eudowood Sanatorium near Towson, Maryland.

The class of patients received at that sanatorium are such that it is highly desirable some provision for "after-care" be made. They are with few exceptions indigent patients who come from the thickly settled portions of Baltimore. They are very carefully selected from the clientele of the Phipps Dispensary of the Johns Hopkins Hospital, and are therefore in a stage most favorable for ultimate cure. In numbers of them the diagnosis has been made from the history and the symptoms, no physical signs having yet appeared. These are the cases in which perfect recovery may be expected if they can be cared for sufficiently long in healthful surroundings before their return to the conditions from which they came.

A farm of 180 acres, adjoining the sanatorium, has been leased, a head farmer, housekeeper and cook installed in a comfortable farmhouse, and eight patients placed at work. The step from the sanatorium to the farm is a small one, as at the sanatorium all patients throughout their treatment are expected to work, not only to assist the sanatorium in its management, but to avoid the idle "sanatorium habit" which is so likely to break down the morale of patients. The work is carefully adapted to the condition of the patient and is

*Abstracts of papers read. Printed without authors' corrections.

never allowed unless improvement from it results, or at least if no detriment follows. Therefore, when the patient is ready for discharge, he has already been at work through several hours of the day and his life at the farm will be but a continuation of the life at the sanatorium. Wages in the beginning are small, some of the men working for their board; others receive as high as \$12 per month. The heaviest work upon the farm is done by regular farm laborers.

The whole plan is under the direct supervision of the resident physician of the sanatorium, who is enthusiastic about its possibilities. He estimates that in spite of an unfavorable season the value of the crops raised will a little more than cover the expense of the experiment.

Institutional Care for the Early or Advanced Consumptive; Which Is the More Important? Experiences and Conclusions of a Layman.

By MR. JACOB H. SCHIFF,

President Montefiore Home for Chronic Invalids of New York.

As the result of almost a quarter of a century's experience as chief executive of a large private philanthropic institution which deals with consumption in every stage of the disease among the dependent classes of the tenement house population of New York City, I have become convinced that if the scourge is to be dealt with effectively we must plan more largely than we have hitherto and much more boldly.

My observations and thought on the subject have led to the formulation of a few general principles for comprehensive action:

That the private hospitals and sana-

toria exclude from admission advanced and incurable consumptive patients.

That the State make ample and adequate provision for the proper care of sufferers from advanced and incurable consumption, and that the isolation of phthisis sufferers in an advanced stage be made compulsory by law.

That ample provision be made in sanatoria and otherwise for the scientific treatment of the consumptive in the early and curable stage of the disease, both through private philanthropy and by the State.

That a thorough system be organized through which can be disclosed the existence of cases of weakened constitutions and anemic condition in children and young persons, and that proper provision be made for curing such conditions, wherever they are found to exist.

The Social Significance and Educational Value of the Nurse in Tuberculosis Work.

By MISS LILIAN D. WALD.

1877. First organization in America of District or Visiting Nurses' Associations.

1893. Visits for instruction made to the homes of patients by the first two nurses of the Henry Street (Nurses') Settlement. Sputum cups and disinfectants left.

1900. Follow-up work organized in Baltimore under Dr. Osler of Johns Hopkins Hospital Dispensary, in co-operation with the Charity Organization Society.

1902-3. Nurses employed by Tuberculosis Committee of the New York Charity Organization Society.

Organization of staff of nurses under Department of Health, New York City, by Dr. Biggs and Dr. Billings.

Comprehensive organization of State tuberculosis work in Pennsylvania under Dr. Dixon, State Commissioner, with nurses as adjuncts in County Centres and State Sanatoria.

"Follow-up" work of hospitals and dispensary patients including instruction, interpretation, sending to suitable hospital and dispensary, the procuring of appropriate employment, etc.

Educational work through lectures, stereopticons, leaflets, etc.; talks at Mothers' Meetings, Working Girls' Clubs and the like; the development of special care of children in public schools.

Hospital training schools for nurses give two or three years' education technically and morally—an excellent preparation.

Drilling of "Soldiers in the field," and the careful selection of graduates.

Social significance lies in the ability of these "soldiers" to care for the individual victims and to throw light upon the whole subject and the multiple social questions involved.

Training for Professional Nursing in Institutions for the Care of Tuberculous Patients.

By DR. CHARLES J. HATFIELD, of Philadelphia.

Training in the nursing of tuberculous patients is of value for selected young women in whom the disease has been arrested, because it prolongs the time of cure, provides support while in training and increased earning capacity on graduation, and helps to preserve mental tone. Physical condition is better maintained in nursing than in other occupations; this class of young women must work to live. To the patient, the nurse is helpful from her sympathy and from her experience in taking diet, securing fresh air with comfort night and day in all

weathers, restraining exercise, etc.; she is an ever-present object-lesson and incentive to perseverance. To the physician, the nurse is invaluable from her intimate knowledge of details of treatment. To the sociologist, the plan is a partial solution of the problem of employment of arrested cases. As teachers the nurses are of value in the campaign of prevention.

The Training School of the Henry Phipps Institute was opened in 1904. Nursing by graduates of regular training schools had been unsatisfactory. Pupils have been mostly ex-patients of the White Haven Sanatorium. The course covers two years and includes staff lectures on anatomy, physiology, materia medica, general medicine, surgery, and dietetics, with practical instruction by the head nurse. The school has a capacity for sixteen pupils; work is arranged on an eight-hour schedule; the school diet is adapted to the needs of the pupils; they alternate in outside duty as inspectresses. Upon graduation a certificate of proficiency in the nursing of tuberculosis is given. Twenty-two nurses have graduated; two of these have died; three are still at the institute completing the course of practical work; seventeen are in good condition, occupying responsible positions in sanatoria, hospitals and private practice. All the nurses who are at work are earning larger salaries than they earned previous to illness. They are without exception content in their work. The staff of the institute considers the experiment a success.

The Training School at the White Haven Sanatorium opened September 1, 1907. The course of study covers two years, and is similar to that of the Henry Phipps Institute. There is capacity for eighteen pupils. The superintendent is

a graduate of the Henry Phipps Institute Training School. The prospect for the school is bright.

Tuberculosis and the Public Schools.

By DR. LUTHER H. GULICK, New York.

The importance of attacking this problem through the agency of the public schools is indicated by the fact that ten out of eleven of all of the children of the United States come under the jurisdiction of the public school system for approximately seven years, namely from seven to fourteen.

The ultimate attitude of society toward such problems as this is not determined primarily by the discussions which occur in the daily press, but by the attitude which is taken and secured by children during the years of their school life.

Our daily acts are not predominantly the result of conscious thinking, but are, and must be, largely automatic. Conduct, then, is the thing to be aimed at, rather than merely intellectual information.

With the reconstruction of society, due to the development of machinery, with the development of a democracy which depends upon the intelligence of all the citizens, the State had to adopt general education—not primarily because of the elevation of the individual, but as a measure of self-protection. These are the identical reasons why the State must, through the same agencies, namely the Department of Education, protect itself from the ravages of disease which are dependent upon ignorance with reference to the fundamental facts of life. How to so manage the home organization as to live most effectively, has only recently come to be regarded as one of the basal elements in general education. It is, therefore, as yet not treated as a

prominent topic in the curricula of our normal schools or colleges. In practically no normal schools is it yet ranked with such sciences as psychology, education, history and the like.

This changed attitude of the State expressing itself through the schools toward health, does not mean merely, or mainly, the thrusting of additional burdens with reference to the instruction upon the existing force. It means grafting into the service of departments of education experts who are qualified from the educational standpoint, whose rank and power shall be co-equal with those who work exclusively from the standpoint of education. Health and education must go hand in hand. This cannot be done by making the subject of health a subdivision of some relatively smaller topic which is not considered as a primary matter with reference to promotions, diplomas, or the granting of licenses. It is a fundamental matter with reference to the protection of the State, and must appear in the education of those individuals who have to do with the education of our future citizens.

The State, in order to protect itself, must bear as definite a relation to the health of its children as it does to their education. These two purposes must be administered in the main by a single department of our government, namely, the public school. Hence, it is inevitable that there should be established as part and parcel of our Department of Education, groups of medical experts who shall see not only that the school is conducted without injury to the health of the school children, but that they are a positive factor in raising up for our republic that body of citizens which are not only intelligent but which have that background of vitality and power, without which

education, science, philosophy and art are relatively valueless.

The Unteachable Consumptive.

By ELLEN N. LA MOTTE,

Graduate of Johns Hopkins Hospital, Baltimore.

In considering education as the solution of the tuberculosis problem we must take into consideration that there is a large class of people that cannot be educated. It must also be remembered that this is the class particularly prone to tuberculosis, *i. e.* the very poor. The principles of prophylaxis and precaution that an intelligent and well-to-do person can be taught to apply to his daily life, cannot be taught with any degree of success to patients living in crowded poverty-stricken conditions. These patients can be taught some few things, but in preventing tuberculosis it is not the occasional, but the constant, use of adequate precaution that can check its spread. Consequently a class of society that by reason of environment and low standards of mentality and morality cannot be persistently and unremittingly careful, is not a class from which tuberculosis can be stamped out by educational methods alone. The writer's personal experience with some 1,160 patients of this class, on or below the poverty line, shows only nine such households were capable of being adequately careful; 143 were fairly careful; 719 were careless, and 289 were grossly careless. Such pa-

tients are a grave danger to society. It would seem, therefore, that any community in which such a class is known to exist, would be justified in adopting more radical measures than "education" as a method of checking the spread of tuberculosis.

A Proposition to Introduce a Public Health Week in the Public Schools.

By CH. WARDELL STILES, Ph. D.

As a result of his investigations in the South, Doctor Stiles has proposed the introduction of a "Public Health Week" into the public schools, in order to teach the following three great hygienic principles to the children:

First.—Do not spit on the floor, for this habit spreads tuberculosis and diphtheria.

Second.—Do not pollute the soil, for this habit spreads typhoid fever, and ground itch with its resulting hookworm disease.

Third.—Protect against mosquitoes, for mosquitoes spread malaria, yellow fever, dengue and elephant foot.

The proposition has met with favor, and if certain legal points can be arranged, the plan will be put into active operation this coming year. The plan involves the issuance of popular circulars by the U. S. Public Health and Marine Hospital Service, which the State Superintendents of Instruction can adopt as text books, to be used in the physiology classes during Public Health Week.



Hysteria

ANNIE E. HUTCHISON

TO many people, indeed I think I may safely say to many nurses, it seems to be a fact that the term hysteria is simply significant of a condition that the patient could generally control if she wished to do so, hysteria being commonly taken to imply nothing beyond the well known hysterical convulsion or fit, and the still more common emotional outbreak of laughing and crying usually described as an attack of hysterics. Medical writers who have made special study of this subject do not seem to agree very well as to just what ought to be included under the name of hysteria, some doctors having apparently much broader ideas concerning it than others and including as hysterical phenomena a greater variety of symptoms. It does seem to be generally agreed, however, that very much yet remains to be learned concerning this peculiar mental and nervous disease, although a great deal of study has at different times been given to the subject. Hysteria has been known from the earliest ages of medicine and the study of this disease began, we are told, in the remotest antiquity. It was not, however, until the beginning of the nineteenth century that doctors began to give to hysteria a medical character. Dr. Pierre Janet, of Paris, France, who is to be regarded as one of the foremost authorities on this subject, tells us in his recently published book, "The Major Symptoms of Hysteria," that a history of the studies of this disease would be a very long one. He summarizes the history of these studies by dividing them into three great periods; a first period where-

in the history is, as he says, anecdotal and descriptive, a period of sibyls, witches and strange stories about convulsions, somnambulisms and other miraculous occurrences. This first period extends to the nineteenth century, from which he dates the second or clinical period. The third period, which is said to include the last twenty or thirty years, he calls the psychological period, because during this time the study of the disease has been directed to an interpretation of the mental phenomena that characterize it. In the early times all sorts of peculiar ideas were advanced to account for the phenomena of hysteria and the strangest theories were accepted even by medical men until comparatively recent times. Indeed, the influence of the old theories regarding hysteria which gave a bad reputation to the disease seems scarcely to have died away even yet. Dr. Janet tells us that this singular mental disease has played a considerable part in the history of all religions and superstitions, that, in fact, no disease from this point of view has played so great a part in history, and adds that it still plays an important part in the most attractive moral questions. Dr. Janet further says that the saying of the great French alienist, Moreau de Tours, that all the great things accomplished in the world have been accomplished by mad people, while perhaps somewhat exaggerated has, nevertheless, this foundation that "most great creeds have spread by means of the emotion caused by surprising phenomena which have always been due to hysteric people." To fur-

ther quote Dr. Janet: "In the development of every great religion, both in ancient and modern times, there have always been strange persons who raised the admiration of the crowd because their nature seemed to be different from human nature. Their manner of thinking was not the same as that of others; they also had extraordinary oblivions or remembrances; they had visions, they saw or heard what others could not see or hear. They were illumined by odd convictions; not only did they think, but they also felt in another way than the bulk of mankind; they had an extraordinary delicacy of certain senses joined to extravagant insensibilities which enabled them to bear the most dreadful tortures with indifference or even with delight. Not only did they feel, but they also lived otherwise than other people; they could do without sleep, or sleep for months together; they lived without eating or drinking, without satisfying their natural needs. Is it not such persons who have always excited the religious admiration of peoples, whether sibyls, prophets, pythonesses of Delphi or Ephesus, or saints of the Middle Ages, or ecstasies, or illuminates? Now they were considered as worthy of admiration and beatified, now they were called witches or demoniacs and burnt; but at the bottom, they always caused astonishment and they played a great part in the development of dogmas and creeds." All these phenomena, he goes on to say, are but the usual symptoms of hysteria; and he further adds that it is exactly the same now: "We have changed only in appearance. We beatify but few saints and we burn but few demoniacs, yet we have not forgotten them; they have become our somnambulists and mediums, and every time we

want to throw some light on the mysteries of our destiny, to penetrate into the unknown faculties of the human mind, to whom do we appeal? Whom do we take as a subject of observation? Is it an ordinary person, a person in good health, whom we ask to foresee the future or talk with the dead? No; it is a neuropathic patient, insensible to the things of this world, but whose sensibility is over-excited in a certain direction; medically speaking, it is a hysterical person."

Hysteria is commonly defined as a disease, mainly of women, characterized by lack of control over emotions and acts. It is called a psychic disease, a disease of suggestion or persuasion, consisting of disturbances that the patients persuade themselves that they are suffering from. It was long considered that women only were affected by the disease and its seat was thought to be the uterus. Some modern writers consider that while in many cases it is a purely mental trouble, yet in numbers of other cases there is a physical basis in some derangement of the sexual organs. Hysteria, to quote the words of Dr. Fere, a well known French authority, "is not a disease of any organ, but is a morbid condition of the entire organism." It is no longer considered that the disease is confined to women; men also suffer. Some authorities have even expressed the opinion, based on their observations in certain hospitals, that among the lower classes hysteria is most frequent in men, although most frequent in women among the higher classes. It is considered to be most common in both sexes from tenth to twentieth year, more particularly from the fifteenth to the twentieth, but may occur at any age from infancy to advanced

life. It is met with in all climates and among all races. Writers do not altogether agree regarding the origin of hysteria, some claiming that there must be a predisposition due to some degeneration and others maintaining that it may be determined by certain causes, such as violent shock, where no predisposition exists. It is said, however, that most hysterical subjects do present evidence of some degeneration and the influence of heredity is well recognized and generally acknowledged. A predisposition to hysteria may exist and evidence of the disease not be manifested for considerable time and then only in consequence of one or more violent shocks. If, however, there exists a strong predisposition it is likely to be early manifested and will require but an insignificant exciting cause. The predisposition is less according as it requires a more intense shock to excite symptoms of the disease and according as it manifests itself at a more mature age. Direct and similar heredity, that is direct inheritance of disease from parents suffering from the same disease, is very frequent in hysteria, but indirect and dissimilar heredity is said to be yet more frequent. Hysteria is often associated. Dr. Fere says, with all affections which betray a congenital vice of organization. It is apt to be associated with neurosis, psychosis, organic disease of nervous system, arthritism, tuberculosis, etc. Because hysteria is so frequently associated with all forms of degeneration it is thought by some that it may not always have its origin in heredity, but may have its origin elsewhere like the other degenerations. Dr. Fere considers that chronic intoxications and profound disturbances of nutrition may be concerned in the origin of hysteria. All forms of shock,

whatever may be their degree or nature, are regarded as exciting causes of hysteria. Anything that may cause a depression of the nervous functions and of general nutrition may excite hysteria. Anything that may cause depression of the nervous functions and of general nutrition may excite hysteria. Emotions, fear, anger, religious enthusiasm, habitual preoccupations of the imagination, attempts at hypnotization, etc., are classed as the most prominent determining causes of hysteria. General diseases are often the occasion of hysterical symptoms which the patient may never have previously manifested, and it is considered that it may be due to debilitating causes, such as pneumonia, typhoid fever, malaria, diphtheria, acute articular rheumatism, etc. Hysteria may arise during acute alcoholic intoxication or from administration of other poison. Hemorrhages, profuse diarrhoea and physical or mental overwork are also included among the exciting causes of hysteria. It is considered, however, that, as a rule, the causes of general depression of the organism act as exciting causes only in those cases where a predisposition exists. Certain authorities claim that it is only among hysterical patients that hypnotism is to be found in any marked degree although it is not positively asserted that all the people who can be hypnotized must be called hysterical. Patients in a state of shock are said to be in a mental condition analogous to that of the hypnotized. Many of the physical signs that characterize neurasthenia are to be found in hysterical subjects and many of the symptoms of hysteria may be encountered in neurasthenia. Hysteria may, and perhaps not infrequently does, accompany neurasthenia, but it is a mistake

to suppose, as I believe many nurses do, that all neurasthenic patients are necessarily hystericals.

Hysteria is manifested in a great variety of ways, including convulsive attacks, fits of sleep, motor agitations, paralysis, troubles of vision, troubles of speech, disturbances of the functions of alimentation, somnambulisms, etc. Hysterical disturbances may simulate all kinds of medical and surgical affections, and they do so well simulate the real maladies, that, as Dr. Janet remarks, many patients have been operated upon for their purely mental diseases. On the other hand there is sometimes a tendency to class as hysterical some very real troubles where the physical symptoms of disease are not well defined. Paralyzes, contractures, anesthetics, lesions of bones, muscular and tendinous lesions, lesions of spinal column and pains of various parts are remarkably well counterfeited in hysteria. Hysterical disturbances also include false tuberculosis of lungs, false intestinal obstruction, false tumors of stomach and the still more common false uterine and ovarian tumors. Double personalities and double existences (classed among the somnambulisms) are among the strange phenomena presented by hysteria. These curious manifestations are certainly rare, nevertheless, a number of authentic cases are on record, the greatest number having, in fact, been recorded by American physicians. Dr. Janet says in reference to these peculiar cases: "The essential phenomenon that, in my opinion, is at the basis of these double existences, is a kind of oscillation of mental activity, which falls and rises suddenly. These sudden changes, without sufficient transition, bring about two different states of activity:

the one higher, with a particular exercise of all the senses; the other lower, with a great reduction of all the cerebral functions. These two states separate from each other; they cease to be connected together, as with normal individuals, through gradations and remembrances. They become isolated from each other and form these two separate existences."

Convulsive attacks or fits are, as every nurse knows, very common phenomena of hysteria. For a long time there was no distinction made between the epileptic and the hysterical fit, which simulates the epileptic convulsions. The hysterical convulsions are apt to last much longer than the epileptic, the face of the patient, though congested, does not become so dark hued; and, also, the hysterical convulsion does not cause a severe physical disturbance like the epileptic fit, which leaves the patient exhausted and with an irresistible need of sleep. After a hysterical convulsion the patient can get up and resume her occupation. There is a rather general impression that hysterical convulsions are to be regarded as within the control of the patient, being probably an evidence of ill humor or a bid for sympathy and solicitude. This simple explanation may, and doubtless does, truthfully apply to some of those crises of violent agitation popularly termed hysterics; but this idea in relation to the manifestations of genuine hysteria does not seem to be held by certain modern doctors who have made very special study of the disease.

All hysteric phenomena are said to be consequent on thoughts and emotional phenomena, but authorities no longer maintain that the various manifestations of hysteria occur according to the will of

the patient, and some even assert that certain hysteric accidents are not only not intentional, but not even in relation with any thought of the patient's, although it seems to be generally accepted that suggestion, that is, the presence of an idea in the mind of the subject, can and often does, play a very important part in the various hysteric phenomena. In this connection a final quotation from "The Major Symptoms of Hysteria" will suffice to show the trend of modern medical science in relation to this disease: Formerly the physician said to the patient: 'You are paralyzed, you have crises of sleep because you are willing to have these accidents.' Now, it is recognized that he is not willing to

have them, but it is still maintained that he thinks of them. 'You have such or such a crisis with such or such an accident because you think of it.' I say that this is not true; there are many hystericals who do not think of the accidents they have. First of all, with some patients the accidents develop insidiously, unknown to them. They become anesthetic, paralytic, anorexic, amaurotic, without in the least suspecting it. Clinical practice shows you this every day. * * * I do not admit at all that hystericals have at will, paralyzes, with or without anesthetics. I do not admit that these patients know what happens in their somnambulisms, that they combine the disease before hand."

Disinfection of the Hands.

Two German surgeons, quoted in a medical paper, recommend a new proceeding for the disinfection of the hands of the surgeon and the field of the operation, respectively. They point out that the various endeavors that have hitherto been made to produce absolute sterility of the skin by means of chemical agents have failed because germs are left in the folds of the skin.

They propose to protect the skin with an impermeable covering through which the germs could not penetrate.

They have therefore devised a method by which the bacteria are, as it were, imbedded in an impermeable substance. For this purpose they use a solution of wax, which, in their earlier experiments, was dissolved in ether, but they afterward preferred tetrachloride of carbon

as the solvent, being cheaper and less inflammable than ether; this solution, which is termed "chirosoter," is sprayed over the hands by a spray-producer, and when the solvent has evaporated a thin coating of wax is left on the skin. Water, pus, blood and other fluids now run off the skin just as from oil-paper. It is essential that the skin should be as dry as possible previously to the application of the chirosoter, and therefore a previous disinfection by alcohol, spirit of soap and similar dehydrating agents is recommended. The coating of wax remains in good condition for a considerable time, and is not affected by washing with soap and water.

After the operation, the wax should not be removed from the hands, as it is an excellent cosmetic agent, making the skin soft and smooth.

Bandaging

KATHLEEN L. MILLIGAN.

I CANNOT think of anything more certain to give confidence to both the patient and the attending physician than a nurse's ability to improvise, if need be, and to skilfully apply a bandage of whatever kind the occasion calls for.

It is unnecessary here to give either description or instructions regarding the mechanical devices for the making and management of roller bandages. These useful machines are designed to save time and labor. They speak for themselves. Their manipulation is easily learned, and does not in any way affect the patient or his or her comfort.

Skill in the act of bandaging depends on two things. First, a keen perception of the purpose for which the bandage is applied, and second, manual dexterity in its application.

A perfectly applied spiral bandage on a limb has a most attractive appearance to the eyes of the young nurse, and often her chief attention is given to its beautifully symmetrical outlines. While these are not to be despised by any means, the real purposes of the bandage, the proper degree of pressure and the amount of support given to the limb, are the genuine points of importance.

In my own experience I found it difficult to teach nurses to apply bandages properly. I found the best method for instruction was to take a selected patient, a reliable woman, neither too fleshy nor too thin, and place her, dressed only in a loose gown, on a bed or cot.

The pupil nurses stood by while a bandage was applied. Then the pupils in turn applied a similar bandage, under

instruction, the patient being directed to tell how and in what respect the bandage differed from that which was first applied. I must say there never was lack of interest in the bandaging class.

In private practice the nurse must often improvise the bandage. Any old linen or cotton cloth will do, if clean, and torn into strips the required width. Remove all the loose threads and join the ends by machine stitching.

Always roll a bandage before use. To roll by hand take a little stick to start on, or make a start by turning the end of the bandage. When started take the rolls by the ends, between the thumb and second finger of the left hand, let the bandage fall over the right hand, holding it firmly as it passes between the thumb and first finger of the right hand, then roll the bandage backward and from right to left. Roll rapidly and draw tightly, keeping the edges perfectly even. When done, fold in one corner and stick a pin in the remaining point.

It takes most nurses a good deal of practice to roll a bandage well by hand, but it is worth learning. It is well to prepare several during spare minutes and keep them aseptically.

To apply a bandage to a broken or much injured limb where the patient has not control or power of motion, an assistant is necessary.

The assistant should stand on the left of the limb, and the operator should stand in front. The assistant takes hold of the limb firmly with both hands, the right above the point of injury and the left at the end of the limb. Hold the

fingers or toes between the thumb and fingers of the right hand. Hold with gentleness and strength, keeping the limb perfectly still and as nearly as possible in the natural position. The operator, holding the rolled bandage in the right hand, makes a few turns over each other, thus "anchoring" the bandage, and proceeds upward, making such turns and reverses as are required for the security of the bandage and the adjustment of pressure.

Do not "anchor" a bandage too tightly or the circulation at the end of the limb will be impeded.

"Reverses" are made in order to adjust the bandage to the curve of the limb and in order to make both edges of the bandage hold with equal firmness.

Strictly in the line of duty of nearly all nurses, certainly of all private nurses, is the bandaging required in obstetrical cases. This branch is exceedingly important, and should be most diligently practised by students.

The abdominal binder is used by the large majority of physicians, and is to be applied immediately after the completion of the last stage of childbirth. It is used to prevent or to control hemorrhage and to assist in the natural process of the contraction of the uterus. No one, without personal experience, knows the feeling of rest, strength and comfort derived at once by the weary mother from a well applied abdominal binder. The simplest and best binder is made of a single strip of unbleached muslin, without hems or selvages; its average measurement is about forty by eighteen inches, but it is made to suit the size of the patient.

To apply the binder, if the patient be unable to raise her hips, she should be gently turned on her left side; put on an

aseptic pad, which is to be held in place by the binder; then gather one half of the bandage in small folds and place the folds close to the back and hips, then gently turn the patient to her right side, far enough to draw the folds through, then lay her flat on her back, put the knees down straight and take up both ends of the binder. It is fastened by safety pins. Place the first one in the firmly drawn binder, directly in the line of the most prominent points of the pelvic bones and directly over the uterus. Some physicians order a pad placed under the binder, over the uterus. Some do not ordinarily use it, but a pad is good practice in case of a flat abdomen where the very prominence of the bones themselves is likely to detract from the pressure of the binder on the uterus and if there be also a liability to hemorrhage.

Draw the binder tightly and place the pins one inch apart upward, then downward from the starting point.

The upper and lower edges must be perfectly adjusted to the body by pinning in tucks at the sides above and below. The binder must not be too tight for comfort and must be frequently readjusted so that its pressure is maintained.

Skilful bandaging after childbirth goes a long way toward preventing the enlargement of the abdomen, which women naturally dislike so much. The binder should be worn till after the patient has begun to sit up.

Of equal importance with the abdominal bandage is the breast bandage. There are few obstetrical cases in which it will not be at least helpful, and in many very essential. The nurse must study in connection with the manipulation of this bandage the anatomy and physiology of the mammary glands.

About from twenty-four to forty-eight hours after parturition lactation takes place, and this is a period of rapid and intense change in these glands, and is accompanied by swelling and pain. The breast binder is designed to give support and relief.

Gentle massage may be given, using both hands laid flat and following each other in a circular motion, grading the pressure from circumference to centre as the milk ducts lead confluent from circumference to centre.

No rough or heavy touch should be laid on the breasts at this time, nor, in fact, all through the time of lactation and nursing, as the tissues are so sensitive and tender bruises or hurts given at this time may be in future years a source of cancerous affection. Therefore apply all treatment to the mammary glands with the utmost gentleness and delicacy of touch.

The breast binder is shaped on the same principle as the abdominal, but requires two broad straps coming over the shoulders from back to front and secured by pins to prevent its slipping down.

Place the bandage under the patient's body in the manner directed for the abdominal binder, then place a soft, folded cloth over the breasts to prevent bruising and to absorb milk which will probably ooze out.

Draw the breasts forward, as they will incline to fall backward under the arms owing to their swollen condition, and pin the binder, first in the centre, then up and down with gentle firmness. If uncomfortable, it is too tight. Pin the sides to insure close fit.

In case of a necessity to dry up the milk supply, the binder may be worn tighter than is otherwise necessary.

Very important indeed is the binder to be applied to the newly born infant. This bandage is used to keep the umbilicus in a firm position until it heals over, and the umbilical cord is detached, and also to retain in place the dressing which is needed. It must be remembered that the umbilicus having been the connecting link between the circulation of the mother and the foetus, it contains several important blood vessels, and is, like the seat of the placenta, practically an open wound immediately after parturition, and while the tendency of nature is to close the now unnecessary blood vessels, yet they are easily subject to hemorrhage and for a little while must be handled with great care and kept in as nearly as possible an immovable position.

A strip of outing flannel about nine inches wide and long enough to go two or three times around the body of the child is the correct bandage. It may be pinned, but is better sewed, and should be worn for a couple of weeks after the cord has come off.

Bandages are of great use in chronic affections of the joints, and in all cases of relaxed tissues, varicose veins, sprains, etc., swellings of all kinds and in cases of dropsy and effusions, are practically indispensable.

A bandage applied with sufficient firmness and with the pressure grading from the extremity to the centre of circulation gives immediate relief and comfort, gives rest to the distressed limb or joint, and aids circulation of the blood. But its curative action is slow.

When removing a bandage always gather or loosely roll it as it is taken off. A trained nurse should never be guilty of unwinding a bandage in an awkward or untidy manner.

Reports of Cases

Nursing in "Dixie"

SARAH H. HODGES.

On July 3, when I was planning in my mind a "Glorious Fourth," I was called to a case of typhoid fever, eleven miles in the country and over a road much like the "patch of life," being more rugged than smooth.

On my arrival I found my patient to be a man of 38 years, and apparently in his second week of the much dreaded disease. He was quite a noted man, being merchant, postmaster, superintendent of the public schools of his county and a farmer, thus every one in the community felt that their presence was necessary for the patient's recovery; but I soon convinced them that their absence would work wonders.

This was a very mild case, lasting only about three weeks.

One week from the day I took charge of the father, one of the daughters, age 14 years, came to me complaining of a headache and various other symptoms. On taking her temperature, I found it to be 103 F. Patient No. 2 was put to bed and condition reported to the doctor. Ten days later the mother was compelled to give up with a temperature of 104.2-5. Shortly afterward began having profuse hemorrhages, which kept up for nearly a week. Here I was compelled to have the assistance of another nurse.

I do not recall the exact number of days after the mother succumbed when patient No. 4, the eldest daughter, age 18 years, was also stricken.

This case was similar to the mother's, consisting of numerous hemorrhages and wild delirium.

The next victim was a son of 5 years. An ordinary case, no complications.

Last, but not least, Nurse No. 2 returned home to receive the mete she had so often measured to others in the way of cold baths, ice caps, etc.

Upon investigation, the well, the only source of drinking water, was found to be filled with decayed pears, having fallen from a tree whose branches hung just above it.

Nurse No. 1 did not get a drink of that water without first boiling it for one hour.

All the patients recovered and I returned to the town on September 20th, not any the worse for wear.

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A Typical Case of Extrauterine Pregnancy

Mrs. B., 29 years of age, was admitted to the Stoughton Hospital April 20th, 1908, in a weakened condition, carrying a temperature of 100.2, with a pulse 104. Naturally a strong, well-built woman, about 5 feet 8 inches in height and weighing 155 pounds. During childhood she had several attacks of rheumatism and at fourteen years of age had a slight attack of measles. Menstruation commenced at 15 years of age, was painful, irregular and in small quantities and sometimes lasted a week at a time. Two years ago menses became more regular. There was no illness after menstruation began but had frequent attacks of severe headache. She had been married six and a half years and had never been pregnant before. Was a user of patent medicines for "female troubles."

Her mother was a healthy woman until menopause.

Patient was taken suddenly ill with vomiting and fainting spells, and fearing an abortion they summoned a physician immediately, who diagnosed the case as extrauterine pregnancy. Five days after first attack she was able to be taken to hospital, where she was prepared for abdominal and vaginal operation. Dr. I., who diagnosed the case, performed the operation, assisted by Dr. T., while Dr. W. administered the anesthetic (chloroform). Bowels were full, urine dark colored, temperature 100.2 and pulse 94 at time of operation. An incision three and a half inches long was made in the median line below the umbilicus. The intestines were pushed back and lifted up. There had been inflammation of the Douglas pouch, which made it difficult to lift the uterus up in the wound. The fundus uteri was then held in place with

clamps. The left ovary, on which a cyst the size of a walnut had formed, the ovarian artery, ligament of ovary, broad ligament and fallopian tube were tied with cat gut sutures, cut and removed. The fallopian tube, which contained clotted blood and placenta, was swollen to one and a half inches in diameter. This caused it to burst and fill the abdomen with dark blood.

The patient was taken from operating room in good condition, there was no emesis, felt well and had no pain until second day after operation, when there was slight pain in epigastric region. Liquid was given for two days, when patient was put on light diet and fourth day was given full diet. Appetite was good and slept well. Wound healed by primo-intentio. There is still a temperature, but otherwise is doing well.

The "Salt Rub"

Various sanitariums and private hospitals are using the "salt rub," and it is becoming so popular that some Turkish bath establishments are advertising it as a special attraction. It is just as good for well people as sick ones, is the most refreshing of all baths and rubs ever invented, only excepting a dip in the sea, and is matchless in its effect upon the skin and complexion. With all these virtues it is the simplest and most easily managed of all similar measures, and can be taken at home easily. Put a few pounds of coarse salt—the coarsest you can get, sea salt by preference—in an

earthen jar, and pour enough water on it to dissolve the salt. This should then be taken up in handfuls, and rubbed briskly over the entire person, but anyone in ordinary health can do it for himself very satisfactorily. This being done, the next thing is a thorough douching of clear water, preferably cold, and a brisk rubbing with a dry towel. The effect of elation, freshness and renewed life is immediately felt, and the satiny texture of the skin and increased clearness and brightness of the complexion swell the testimony in favor of the salt rub.

Drug Rashes and Idiosyncrasies

AN OLD NURSE.

THE unexpected appearance of a rash during the progress of a case has been a cause of perplexity to many a nurse. One particular case comes to my mind of a patient who developed, the day following a slight operation, a rash resembling in many respects, the scarlet fever rash. Fortunately the patient was much less alarmed than the nurse and inquired if there had been opium in the medicine which had been given her. A hypodermic injection of 1-8 grain of morphine had been given her to induce sleep the evening previous. She said she had never been able to take the smallest dose of any medicine containing opium without the rash following it.

An enema rash sometimes comes on within twelve hours after the administration of a large enema, especially one that contains much turpentine or hard soap. It may resemble either measles or hives, and sometimes is only a reddening of the skin in spots.

Osler mentions the following drugs as particularly liable to be followed by a rash: copaiba, quinine, belladonna, mercury, ergot, and the iodides. Purpura has followed the use of comparatively small doses of iodide of potassium.

Children are particularly susceptible to drug influences of all kinds, and rashes following the administration of medicine to children are common. Gould states that "the most important drugs causing eruptions are antifebrin, antipyrin, arsenic, belladonna, bromides, chloral hydrate, cubebs, copaiba, digitalis, iodides, mercurials, morphine, quinine, salicylic acid, strychnine and turpentine."

It is needless to say that idiosyncrasy is a strong factor in the production of drug rashes. It is said they are more likely to occur where the organs of excretion and particularly the bowels and kidneys are not doing their normal work of elimination. This condition often exists in chronic heart or kidney trouble. Large doses and long continued administration of certain drugs are very likely to be followed by an eruption of some kind. Desquamation rarely follows.

Twice in the writer's own experience, in adult life, the whole body has been covered with a rash closely resembling measles in appearance. It began on the face and arms and in a few hours had extended over the whole body, disappearing in about thirty-six hours. There was no fever accompanying it in either case and no possible cause could be found to explain it in the first instance. On the latter occasion the possibility of impure food was the most plausible explanation.

Patients with a nervous, highly strung organism are more easily influenced by drugs of all sorts, and comparatively small doses may sometimes produce very unexpected effects. Even a half grain of quinine or of calomel have produced such undesirable effects in such cases that it seemed unwise to continue giving the drug. Very small doses of the bromides in some nervous individuals have resulted in a depression entirely out of proportion to the size of the dose given.

Septic rashes often follow a very mild degree of sepsis in children, following a

wound or operation, and desquamation may be quite marked.

One case of rash closely resembling smallpox in appearance was an unexpected complication of a typhoid fever case. The rash began on the forehead and wrists, next the chest and back were invaded, the rash being particularly diffuse on the arms and back. A few spots

were on the lower extremities. It seemed to produce no appreciable change in the temperature, which had been running from 102 degrees F. to 104 degrees F. After a good scare, a great deal of consultation, and four days' waiting, it was decided to be "septic rash" and rigid quarantine regulations were abolished, much to the joy of patient, nurse and all.

Practical Points

WHEN a protector is needed for an injured arm, limb or foot that cannot bear the weight of bed covering, take a barrel hoop and cut it in half, then cross the two halves in the centre and tie with a stout cord. Place this frame over the injured member before the covering is put on.

To sterilize salt for salt solution, fill several 2 dram vials with clean salt, cork securely and sterilize daily for three days, one hour each day. This size vial contains just enough salt to make one quart of 0.6 per cent. solution.

When a patient is too ill to raise the head to take drink or nourishment and a feeder or tube is not available, use a small narrow lipped cream pitcher or a child's china tea pot; either does very well in case of an emergency.

To save many steps and needless calls from other duties, hang a handkerchief bag where it is handy for your patient. Keep a supply of clean handkerchiefs on a table or chair near by, then the soiled

ones may be dropped in the bag and a fresh one taken as needed.

Apply 5 per cent. solution of carbolic acid on cloths or gauze to spots irritated by hypodermics of digitalin; this will remove soreness in a short time.

The following remedy as prescribed by a physician and used with much success in several cases of badly swollen and painful breasts, is as follows: Make a salve of equal parts uncton ichthyol and lanoline, apply to the breasts freely, avoiding the nipples. Rub in well and cover with cotton. Bathe well each time before infant is put to the breast.

The best covers for medicine tumblers in a sick room are rounds of thin white cardboard. They are inexpensive, clean, noiseless, and can be easily replaced as soon as they become stained and unsightly.

A simple and excellent lotion for bathing the back, hips, elbows and heels, as a preventative to bed sores is made as

follows: Fill a pint bottle two-thirds full of witch hazel and one-third pure alcohol. Add a teaspoonful of powdered alum and shake well to mix and dissolve the alum. Bathe frequently with this and if the parts are very tender add one-half again as much alcohol as prescribed above.

When the feet burn and are sore and tender, from much walking and standing, take a teaspoonful of Epsom salts, five drops tincture of capsicum and put in a shallow basin of warm water, just enough to cover the soles of the feet, and soak them twenty minutes. This will afford relief and cure the burning.

A teaspoonful of salt and a teaspoonful of boracic acid dissolved in half a pint of boiling water will cure catarrh of the nose. Snuff it up into the nose three times a day, lukewarm, not cold.

Strong soda water is excellent for burns or scalds. After applying strong soda water as hot as can be borne for about ten minutes dress with olive oil.

If your shoes squeak, soak the soles in hot water and rub well with vaseline.

An ether cone can be readily improvised from a tumbler or ordinary drinking glass by putting a large clean handkerchief in it loosely, then sprinkling on the chloroform or ether. In obstetrical work the patient can sometimes hold this easily herself if the doctor happens to be alone, taking a whiff when the doctor instructs her.

A tree or a few branches placed in a tub of ice water and put near the window will keep a room very cool in summer. Do not forget that lavender sprinkled about the bed will keep away flies.

Superintendents' Association.

The lady superintendents of training schools in convention at the Lady Stanley Institution, Ottawa, Canada, October 9, have formed a Canadian National Association of Trained Nurses. Miss Snively, of Toronto, was elected president, and Miss Shaw, Toronto, secretary-treasurer of the association. The fee of the association will be \$5. An invitation has been extended to the convention to hold its next annual meeting in London, Ontario, which was accepted.

The election of officers of the lady superintendents resulted as follows: President, Miss Stanley, London; first vice-president, Miss Snively, Toronto; second vice-president, Miss Lewis, Montreal; secretary, Miss Brent, To-

ronto; treasurer, Miss Meikeljohn, Ottawa; councillors, Miss Mackenzie, Ottawa; Miss Craig, Montreal; Miss Sherraton, New Glasgow, N. S.; auditors, Miss Sharp, Woodstock; Miss McColl, Ottawa.

Miss Green, superintendent of the General Hospital, Belleville, read a paper on "Training School History," and one on "Preliminary Training" was presented by Miss Stanley, of the Victoria Hospital, London. The convention adjourned at 12:15 o'clock for luncheon, at which the visitors were the guests of the governors of St. Luke's Hospital. The lunch was served at the Golf Club. The delegation paid a visit to the tuberculosis dispensary at the close of the session.

Department of Army Nursing

DITA H. KINNEY

Superintendent Army Nurse Corps

LONG ages ago, when apples of gold grew in the garden of Hesperides, and Venus in ineffable loveliness came up out of the sea, there was in the nether world a man—half god, half mortal—who for some reason was doomed through eternity to roll up hill a massive stone which as soon as the top was reached immediately rolled back into the valley and the work had all to be done over again. No reason is given as to why he was thus punished, nor is there any record that he grumbled at his fate, but it must be remembered he was *half* a god.

The work of this unhappy wight was not less futile or barren of results than have been all efforts to make the nurses of the country understand the following points, i. e., that

1. The Army Nurse Corps has no connection whatever with the Red Cross Society—consequently,

2. Members of the Army Nurse Corps are not Red Cross nurses;

3. That the requirements for joining either service are totally and entirely different from those of the other;

4. Members of the Army Nurse Corps are not “enlisted,” but “are appointed by the Surgeon-General with the approval of the Secretary of War.” The use of the word “enlist” in connection with army nurses creates a wholly wrong impression as to their position and status.

5. The Hospital Corps and Army

Nurse Corps are not at all the same. The former is composed entirely of men who are not required to have had any special training before entering the army. Men are enlisted for the Hospital Corps as are privates in all other branches of the service, cavalry, infantry, artillery, etc.

To become a Red Cross nurse application must be made to the branch of the National Red Cross in the State where the nurse resides. All but thirteen States have branch organizations, but in those which have none there is no way in which nurses there resident can become Red Cross nurses, though any citizen of the United States can become a member of the National Red Cross by applying directly to the headquarters in the War Department, Washington, D. C., and paying the dues, \$1.00 a year.

For admission to the Army Nurse Corps application must be made to the Surgeon-General, United States Army. Those receiving appointment are immediately placed on duty in army hospitals and before entering must agree to remain at least three years. The Red Cross only enrolls its nurses that it may have a list of those who are willing to serve in war, pestilence or other national calamity, and who, after the emergency has passed, return to their ordinary avocations.

Hardly a day passes that does not bring one or more letters to the Surgeon-General's Office stating that the

writers "wish to enlist" or are "anxious to become Red Cross nurses," or "desire to join the Hospital Corps." It is obviously impossible to enter into an explanation in the reply to every such letter, so, even though it has repeatedly been given, the above information is once more set forth.

Our twin sister service over in the Navy Department has already appointed sixteen of the twenty nurses with which it planned to begin its work. They have reported from all parts of the country—from California to Maine. In addition to its Superintendent, Miss Hasson, the Army Nurse Corps has furnished the new service five of its nurses. Miss Pringle, in our corps for eight years and for over three years Chief Nurse at Fort Bayard, has accepted the second place in the new corps—i. e., Chief Nurse in the Naval Medical School Hospital in this city. Miss Hine, an army nurse for eight years and Chief Nurse at Corregidor, P. I., is one of the Navy's nurses; also Misses Sarah Cox, Della V. Knight and Elizabeth Hewett, all of whom have records of valuable and faithful service in the army.

Pending the building of quarters for them in the hospital grounds the nurses are living in two adjoining houses (in the vicinity of the Hospital) which have been newly furnished for them. A course of sixteen lectures has been planned, and will be given to the nurses by different navy doctors on duty in this city. The work has been most auspiciously begun, and both the navy and its nurses are to be congratulated.

The discharges since our last notes have been Josephine R. Heffernan and

Clara Maria Selover, both in the Philippine Islands.

The appointments have been: Miss Elizabeth Gore Gibson, daughter of a deceased army officer, graduate of the Boston City Hospital, class of 1903. Miss Gibson has been assigned to duty at the General Hospital, Presidio, of San Francisco.

Miss Sayres Louise Milliken, graduate of the Homeopathic Hospital, Pittsburgh, Pa., 1899. Miss Milliken was for seven years in charge of Dr. Hartigan's Sanitarium of Morgantown, W. Va. She is also appointed for duty at the General Hospital, San Francisco.

Miss Edith M. Shaw, temporarily acting as chief nurse at the Division Hospital, Manila, and Miss Carrie Bechtel have both successfully passed the examinations required by regulation for promotion to the grade of chief nurse.

Nurses Junia Hattie Latimer, Elsie M. McCallip, Amalie Ida Haentsche, Frances Nowinskey, Lyda M. Keener and Elizabeth D. Reed, recent arrivals in the Philippines, have been assigned to duty at the Division Hospital.

Mary H. Hallock and Hannah P. Morris have been transferred from the Division Hospital, Manila, to Zamboanga; Gertrude H. Lustig and Mary Agnes Sweeney from Division Hospital to Camp Jossman; Margaret Moore from Division Hospital to the General Hospital, Presidio of San Francisco; Emma Rothfuss from Camp Keithley, and Mabel D. Gee from Camp John Hay to the Division Hospital; Annie A. Daly from Fort Bayard to San Francisco; Bertha Purcell from San Francisco to Fort Bayard, and Maud B. Kee and Paula E. Nordhoff from San Francisco to the Philippine Islands on transport of September 15.

The Diet Kitchen

Diet for the Diabetic

ROSE E. GROSVENOR,

Past Diet Matron, Iowa Soldiers' Home Hospital.

PAPER II.

HAVING described in Paper I the value of restricted diet in the nursing of "Diabetics," and at the same time giving a practically complete list of the proper foods suitable for such patients, this paper will be devoted to tested recipes for the preparation of farinaceous and other foods for the making up of appetizing non-starchy menus; especial attention being paid to the use of gluten as a substitute for common flour, and sweetina or saccharine as a substitute for sugar.

Farinaceous Foods.

GLUTEN BREAD.

Take one quart of lukewarm sweet milk or milk and water, one heaping teaspoonful of good butter, one-half cake of any fresh dry hop yeast or one-fifth of a cake of compressed yeast beaten up with a little water, and two eggs beaten light, stir in gluten until a soft dough is formed, about the consistency of baking powder biscuit, and knead thoroughly. Put in pans to raise, and when light, bake in a hot oven for about forty-five minutes.

Gluten bread may also be made the same as ordinary wheat bread, except that shortening is not required. Less yeast is required than with starch flour and also less time is needed for the raising process. After baking do not put loaf in a closed receptacle but wrap in a towel and keep in a dry place where the air can circulate around it.

GLUTEN MUFFINS.

Beat one egg light, add one cup of sweet milk, one teaspoonful melted butter, one-half teaspoonful salt and sift in one cup of self-raising gluten flour. Beat together thoroughly, have muffin-rings hot, pour in the batter, and bake in a quick oven twenty minutes.

GLUTEN GRIDDLE CAKES.

Beat one egg quite light, add a pint of sweet milk, a little salt and stir one teaspoonful of baking powder in gluten flour to make a batter much thicker than wheat flour batter is usually made; add one ounce of melted butter and bake well on a hot, slightly greased griddle.

GLUTEN PORRIDGE.

To one pint of hot milk or water add one tablespoonful of gluten flour which has been dissolved in a little cold water. Cook slow and thoroughly, salting to taste. This may be served with a little cream and is an excellent dish for any invalid.

BRAN BISCUIT.

Sift together one-half teacupful each of wheat bran and of gluten flour, one teaspoonful each of baking powder and salt, rub in one teaspoonful of butter and add sweet milk to make a soft dough. Roll out, cut with a small cutter and bake twenty minutes in a hot oven.

Soups.

CLAM SOUP.

Take one-half dozen clams, wash thoroughly with a brush, put water enough

on so as to cover the clams, let them cook until shells open, then remove shells and clams; add a little cream, salt and pepper to the water in which the clams were cooked; chop the clams fine, return them to the liquor and let all boil until tender; when done add butter to taste and serve at once with crisp gluten wafers.

Meats and Fish.

ROASTED SWEETBREADS.

Parboil several large sweatbreads for five minutes, when cold, dredge with gluten flour, place on several slices of salt pork in a roasting pan with several more strips of the pork on top. Roast in a moderate oven, basting often with melted butter and hot water, serve with tomato sauce poured around them and garnish with sprigs of parsley.

KIDNEY STEW.

If wanted for breakfast, boil kidneys the night before till very tender, turn meat and gravy into a dish and cover. In the morning boil for a few moments, thicken with gluten flour thickening, add part of an onion chopped fine, pepper, salt and a lump of butter and pour over toasted slices of gluten bread, well buttered.

CREAMED CODFISH.

Soak one-half cupful flaked cod-fish in two waters, melt one-half teaspoon butter, add one teaspoon of gluten flour and pour on gradually one cupful of scalded milk, cook well; add the fish; cook five minutes more, stirring in the yolk of one egg just before serving on slices of gluten bread or in cases made of gluten wafer paste.

Vegetables and Entrees.

SMOTHERED TOMATOES.

Wipe medium sized tomatoes and cut in two, crosswise. Put in a hot granite omelet pan, sprinkle with salt and pepper and dot over with butter, using half a tablespoonful to each half tomato. Cover closely, set on the back of the range, and let cook until tender, serve hot for either dinner or luncheon.

ESCALLOPED MUSHROOMS.

Wash and peel the number of mushrooms needed and lay in salt water one-half hour, then place in a buttered baking dish with alternate layers of gluten bread crumbs, seasoning each layer plentifully with butter; add salt, pepper and a gill of cream or white sauce. Bake twenty minutes, keeping covered while in the oven; when done serve immediately.

CHEESE SOUFFLE.

Break one egg into a baking-cup, pour over it a large tablespoonful of butter, then add a thick layer of grated cheese. Sprinkle with gluten bread or cracker crumbs, salt and pepper and bits of butter and bake twenty minutes in hot oven.

PARSLEY OMELET.

Separate one egg and beat white to a stiff froth. Beat the yolk till light, add one tablespoonful of milk, salt and pepper to taste. Lightly fold the yolks into the white, put two teaspoonfuls butter in the frying pan, when it bubbles turn in the mixture. When a delicate brown, sprinkle with finely minced parsley and fold over. Turn on a hot dish and serve at once.

Editorially Speaking

The American Hospital Association Convention

THE convention of the American Hospital Association, recently held in Toronto, must be regarded in many respects as the most successful ever held. The King Edward Hotel proved to be an almost ideal meeting place. The attendance was large, and represented a large number of the States and provinces of the two countries concerned. The programme was of an exceptionally high order. The momentary attractiveness and interest of some of the sessions was apparently not the chief end in view. The educational value of the papers will perhaps be appreciated more as they are read and digested later on. The general consensus of opinion was that as a permanent contribution to hospital literature the papers of this year, taken as a whole, will rank in value above that of any preceding convention.

The most important work of the convention was the vote to appoint a committee to investigate the training school situation and frame a model curriculum representing the minimum which hospitals should be required to teach. Five hundred dollars was appropriated to defray the expense of this committee. The decision to undertake this work is believed to be a long step in advance by all concerned. It is due to the persistent efforts of a few members of the association who have believed that the length of the term of training, the number of class hours that should be required—in fact,

the discussion of all other phases of the training problem was bound to be fruitless unless the question as to the essentials to be taught was decided. The names of the members of this committee have not yet been announced. It is to consist of seven members of the association and the president, ex-officio.

The association is under great obligation to the number of distinguished visitors and others who were present to present papers or who had prepared papers to be read by others. Among these were Mrs. George S. Bixby, of the New York City Visiting Committee of the State Charities Aid Association; Miss M. U. Watson, Director of Home Economics Department of Macdonald Institute, a part of the Ontario Agricultural College, Guelph; Mr. Robert W. Bruere, General Agent of the New York Association for Improving the Condition of the Poor; Dr. James A. Miller, President of the Association of Tuberculosis Clinics of New York; Dr. D. C. Potter, Chief of Charitable Institutions, Division of the Department of Finance of the City of New York; Mr. Meyer J. Sturm, architect, of Chicago; Dr. D. L. Edsall, Professor of Therapeutics and Pharmacology in the University of Pennsylvania. The very efficient local committee of management, Hon. John Ross Robertson, Dr. J. N. E. Brown and Dr. R. Bruce Smith, had left nothing undone that would contribute to the comfort and convenience of the members and the success of the convention. The usual banquet was dis-

pensed with, and instead, a reception was given by Mr. John Ross Robertson at the magnificent nurses' residence of the Hospital for Sick Children. A large number of the visiting members also availed themselves of Mr. Robertson's invitation to visit the Lakeside Home—the Summer home of the Hospital for Sick Children. In fact, from beginning to end Mr. Robertson was indefatigable in his efforts to make the occasion one of real pleasure as well as of great educational value. The press of the city devoted considerable space to the work of the convention, and the result must be a great impetus to the hospital work of both countries.

The year just closing has seen the association almost double its membership and the prediction is that inside of two years fully 1000 members will be enrolled. It is certain in time to dominate the entire hospital world, and its decisions will powerfully affect legislative bodies in the two countries.

The president-elect is Dr. John M. Peters, Superintendent of Rhode Island Hospital, Providence; the secretary Dr. W. L. Babcock, Superintendent of Grace Hospital, Detroit, and the treasurer, Mr. Asa Bacon, Superintendent of Presbyterian Hospital, Chicago. The next convention will be held in Washington, D. C.

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Post-Graduate Study

THE charge has frequently been made that nurses, most of them at least, cease to be students at graduation. We have reason to believe that this is not so generally true at present as it was in former years, but there is no doubt that a great many nurses attempt no systematic study. Year after year goes by without any definite plans of thought, or reading or

plans for improvement of any kind. It matters not how well trained a pupil may be, she cannot expect to advance or keep up with the procession if she does not continue to develop her mind, if she does not keep informed regarding the newer methods and the progress that is being made in matters relating to the relief and prevention of human ills. Now that the holiday season is over, we would especially recommend that nurses take up the definite study of some one subject. The last few years have seen many excellent additions to nursing literature. Every nurse in active practice can afford at least one or two new books each year. Probably every nurse, if she stopped to analyze herself, would discover that she was weak along some particular line. However thorough a hospital course may be, it cannot give due attention to every subject. There is always need for the nurse to supplement along some line. Many hospitals are able to give but very limited experience, sometimes none at all, in the care of children. In many others the surgical cases number five to one of the medical cases. The nurse in the field may find months elapsing in which she is not called to an obstetrical case. It behooves her then to read and strengthen herself along medical and obstetrical lines. It is true that hospitals have a large responsibility regarding the training they give, but, after all, a nurse becomes largely what she determines to be. It matters not how small or obscure the hospital in which she trained, the nurse can be a first grade nurse if she wills to be. No one can prevent her developing the qualities that place nurses in the first rank. That is a matter she absolutely controls herself. The American people have little use for snobs in any line, and it is high

time that nurses ceased trading on their Alma Mater, or depending on it to give them a value. The world is ready to recognize ability wherever it is demonstrated, and asks not how or where it was received. Again we say the nurse has the ranking of herself in her own control. No one can keep her down if she is determined to rise.

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Three-Year Training Versus Three-Year Legislation

THE burning question for the last few years in the hospital world has been the length of the term of training for nurses. It is absolutely certain that the burning question for the next few years will be the length of training that should be required by law.

There is little reason for discussing the fact that such hospitals as the Presbyterian, of New York, the Massachusetts General, the Mount Sinai, and many other large hospitals can make the third year valuable for the pupil nurse. There is little reason for discussing the fact that a great many of the small hospitals cannot. Leading superintendents of large hospitals frankly admit that a nurse can be trained to take care of the individual patient in two years. They agree also that small hospitals do give good training up to a certain point, and that refusal to recognize such hospitals as training schools would be and is a gross injustice, but they do not believe any pupil nurse should be required to spend three years in a small hospital. They feel she should be free after two years to go where she pleases to acquire additional experience and training, and that hospitals should have the liberty of adjusting themselves to meet changing conditions within reasonable limits.

They agree that this little dream of affiliation is not practicable in a great many places, and should not figure in legislation except where special or private hospitals and sanatoria are concerned. General hospitals should be recognized as training schools that meet reasonable requirements and give a two years course. Legislation should require the minimum period, not the maximum. It is quite probable that so long as hospitals exist, there will be two-year and three-year training schools, but legislation should be framed so as not to embarrass hospitals in the work for which they were organized. This is a phase of the question nurses have not sufficiently considered in the past, and we earnestly request for it careful consideration in regard to the bills that will be presented to legislatures this year.

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Training for Institutional Work

THOSE who have been interested in the paper and discussion on "Training Nurses for Institutional Work," which have appeared in the last three issues of *The Trained Nurse*, will also be interested in knowing that the plans outlined in Miss Aiken's paper are to be put into practical operation this Fall in the Massachusetts General Hospital, Boston. That hospital proposes to give a six months course in institution management, beginning November 1 of this year. The course will be open at first only to graduates of that hospital. The students will live outside the hospital and will be on duty every day in the week except Sunday from 8 A. M. to 5 P. M. No tuition is charged, and lunches will be provided for pupils by the hospital. The course will be largely one of observation of the practical running of different parts of the

hospital. The pupil will observe the methods by which the various departments of the hospital are controlled. She will be instructed in the admission and discharge of patients; will acquire some knowledge of bookkeeping; the ways of checking the purchase and use of supplies, and of conducting hospital correspondence. Instruction will be given in the methods of heating, lighting and ventilating buildings. She will spend some time in the storeroom of the hospital, the kitchen and diet kitchen, laundry and the office of the training school. In the last named department she will be instructed in the relations of the training school to the other departments of the hospital and in the duties of the head nurses in charge of the large sub-departments, like the Out Patient Department, Surgical, Building and Accident Wards, and in the duties of head nurses in the wards. She will also receive instruction from the superintendent of nurses in the methods of admission of pupils to the training school, their rotation of duty and their special courses.

For many years nurses have felt and expressed the need for just such opportunities as the one we have outlined. A number of hospitals have arranged for a few lectures on executive work for senior pupil nurses, but so far as we know this is the first attempt to outline a definite, systematic post graduate course in hospital management. Dr. Washburn, the Superintendent of the Massachusetts General Hospital, is deeply interested in this new step and will have it under his direct supervision. Other hospitals in New York, Chicago and other places are contemplating a similar extension of their training department. The plan is one which will be far-reaching in its effects.

It marks the beginning of a new era in training in American hospitals. There is no question that the practical benefits to be derived by nurses from such a course will far outweigh the theoretical instruction that is given at Teachers' College, where a great deal that has very little bearing on hospital work is taught to nurses. No student can possibly receive the benefit by going in for an hour or two as a visitor or an observer to different hospitals that can be received where a pupil lives and does her work six days in the week in a well organized hospital as a pupil in hospital management. It looks to us as though a little energy expended by alumnae associations in talking up this idea in training might be quite as fruitful in results as raising money to help support a university that is already well endowed.

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The Graduate Nurses' Association of Pennsylvania

ALL those interested in State legislation for nurses should feel great sympathy with the graduate nurses of Pennsylvania in their effort to pass their bill. These nurses, in spite of most discouraging circumstances and bitter opposition, have been so sane, so tolerant, so ready to compromise, if compromise seemed best; so willing to adjust their bill to existing circumstances, that it would seem all opposition should be disarmed.

At the sixth annual meeting held recently in Philadelphia, the principal business was the discussion of the bill to be presented at this session of the Legislature. Some of the most prominent medical men of Philadelphia addressed the nurses, and were invited to criticize the bill either favorably or adversely, and to give advice and suggestions. No bet-

ter illustration of the spirit of fairness and justice in which these nurses are working can be given than the fact that the physician who has been largely instrumental in defeating previous bills was allowed to come before the meeting and was given a respectful hearing. In the course of his remarks this doctor told the nurses with almost brutal frankness that he had defeated their previous bills, and would defeat this unless it complied with certain conditions. Notwithstanding this the speaker was accorded the same courteous attention as those who had expressed themselves heartily in sympathy with the bill, and was given a rising vote of thanks. When women show this spirit in their controversies they invariably "win out." We extend our best wishes for success.

At this Convention, "The Quarterly," of Graduate Nurses' Association of Pennsylvania, made its initial appearance, and if we may be pardoned the expression, is calculated to make the older magazines "sit up and take notice," for it is a fine looking magazine, excellently printed and full of useful material for the Pennsylvania nurses. The editorial staff is: Editor, Miss Roberta M.

West; associate editor, Miss Ellen M. Hunt; business manager, Mrs. M. I. Moyer.

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Navy Nurses

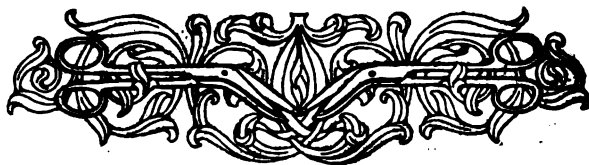
In another department will be found a list of the nurses who successfully passed the first examination for appointment to the Nurse Corps (female) of the United States Navy.

The nurses have all been detailed to duty in the Naval Medical School Hospital, Washington, D. C. An examination will be held on the 20th for four more nurses which will make the detail complete for the present. The corps will be expanded slowly, at the rate of about ten every six months; this will allow of a careful selection, and all of the accepted candidates will be first ordered to Washington; here they will receive some instructions in the form of lectures from the medical officers attached to the Hospital of the Bureau of Medicine and Surgery, and from the superintendent in regard to the special requirements of military nursing. As has been previously stated, the superintendent of the corps is Miss Esther V. Hasson.

A New Interpretation of the Child Labor Law

The new child labor law for the District of Columbia is subverting discipline in the homes of Washington parents. Asked to do a chore, one hopeful replied to his father: "It's against the law. I'm

under sixteen, and you can't make me work unless I'm willin' and get a permit. I ain't willin', and if you make me do it I'll tell the police on you." Here are the elements of a tragedy.—N. Y. Times.



The Hospital Review

A Layman's View of Hospital Work.*

J. ROSS ROBERTSON,

Chairman of the Board of Trustees, Hospital for Sick Children, Toronto, Canada.

To make this paper of mine acceptable and interesting to you men and women, who, day in and day out, year after year, are devoting your lives to the care of those who, stricken with sickness, lie in the beds and cots of hospitals of this Western sphere—has given me more thought than any paper I have ever tried to prepare for any association that I have ever been connected with.

Brevity of speech is one of the verbal virtues, and there is no reason why that self-same virtue should not be displayed in the preparation of a paper that proposes to give you "A Layman's View of Hospital Work."

This suggestion is pertinent, for I would not have you think that you are to be wearied with a long story, and yet I shall try to interest you.

It occurs to me that the handling of this subject could have been made much more attractive to you, if the pen had been in the hand of some other narrator, whose experience was more varied, and who in his knowledge of detail might stand a closer cross-examination than I can with my limited knowledge.

Thousands of laymen in business vocations all over the world have side lines of activity that afford them relaxation and pleasure.

Some indulge in agriculture, and a model farm and a prize herd of Jerseys is the goal of their ambition.

Others write books, and our American friend, Carnegie, has produced most readable volumes.

Not a few delight to follow the drumbeat of the militia, while many are fond of art, bric-a-brac, china and old brass.

A host indulge in politics, and a select and happy few of that galaxy become statesmen.

An odd one here and there tries his luck in the pulpit, while an army are to be found in the battalions who do good work as class leaders in the churches that owe their origin to the inspiration of good old John Wesley.

Last, but not least, is the phalanx of laymen who shut not their purse strings, but try the luxury of doing good, who found, who build and who take part in the management of the great houses of God's mercy—the hospitals, large and small, for adults and for children, that are planted all over this continent.

For the past thirty years I have been interested, more or less—more, generally—in hospital work, and I am bound to say that, other than the work of running a daily newspaper, with its constitutional and chronic worries, that are sometimes accentuated with visits from the process server with writs for libel, hospital work gets closer to my human side, and affords me more pleasure, even if the bank balance does shrink, than any other form of relaxation I have been able to select.

Some people may ask why should a layman be interested in hospital work? One need not go far afield for an answer. It's a humane work—a work of charity, a work that commends itself to what is best in human nature.

During the past thirty years I have every year visited Great Britain and the continent of Europe, and nearly every State of the American Union. During these visits, interested as I am in hospital work in this city of my birth, I naturally felt interested in this work in other cities.

My visits were not inspired by curiosity. My idea was to gather knowledge, so that the particular class of work which I had at heart might be benefited.

When I tell you that these visits covered not only close inspection of the work, but heart to heart talks with the Superintendents, Lady Superintendents and Matrons of all the principal hospitals for adults in large cities of Europe, Great Britain and Ireland and the United States, and in every Hospital for Sick

*Abstracts of paper read at annual meeting American Hospital Association, Sept. 29-Oct. 2, 1908.

Children in the same area, I think you will admit that my mileage ought to have been given me—an experience in the line of information-getting that should have availed to advantage to the institution that I am connected with, and so it did.

I of course took it for granted that in all these great hospitals good work was being done in the surgical and medical departments by the skilled men who were in charge. Of surgery and medicine I know nothing, and this paper concerns only the business end of the work that is in your care and mine.

It struck me during my tours that in Great Britain, Ireland and the United States and Canada, the layman plays a most important part.

The largest and best hospitals in Great Britain owe their foundation and construction to the energy, enterprise and philanthropy of laymen—investments that total up millions and millions of pounds in sterling money, either left by bequest or paid during the lifetime for palatial edifices to shelter the sick and afflicted—all from the pockets of laymen.

Hospitals may be dependent for support in part from Governments and from municipalities; or from voluntary contributions, but in the final analysis the layman pays the bill, and be it said, as a general rule, he does it ungrudgingly.

Hospital construction and reconstruction is going on all over the British Empire, its colonies and in the United States of America. These buildings are constructed largely by the contributions of laymen.

Hospitals have to be maintained. It is a comparatively easy matter to build a hospital. The maintenance is a horse of another color. Appeals have to be made to the public. The Provincial Governments in Canada do their share, and pay a per head per day rate, and so do some of the corporations that govern cities, but the deficits—and deficits are inevitable—have to be made up by the layman.

The management of hospitals, and how to make such management effective, is a problem that has in a way yet to be solved.

My information and my experience point in the direction of small Boards of Management. Given a first-class Superintendent, man or woman, to look after the work in the surgical and medical sides; a Lady Superintendent for

the Training School for Nurses—if there be one—and a manager to cover the business end—all these under a small Board of four or five Trustees who are interested in the work, should suffice for the management of any hospital on this continent.

Some people think that the business end of a hospital's work should be managed by a business man who is not a medical man, and I share this opinion; but I am at the same time bound to admit that I have the pleasure of knowing quite a number of medical men who manage both the medical and the business end in hospitals in the United States and Britain, and their work in management cannot be excelled.

Hospitals with large Boards of Management made up of representatives of municipalities and institutions either directly or indirectly affiliated in the hospital's work, do not seem to pursue the even tenor of the way that should be followed by organizations of that kind.

The composition of Boards of Management is open to criticism. Citizens are appointed who have little or no interest in hospital work. They put in an appearance during the primal stages of their careers on the Board, after which their interest wanes, and they are never in evidence unless some friend wants a position, and then they are sure to be on hand to cast their votes.

The fact is that they obtain positions on the Board because they are prominent citizens, prominent, perhaps, because they have more figures at the balance of their bank account than ordinary people, or because of their political affiliations, they like to see their names in cold type in hospital literature, so that they may be known to the public as prize medal philanthropists.

On the other hand, there are Trustees who are always on the job. Some have sense enough to act as Trustees should act, and if they have to criticize the work they do so to those who are in official charge.

Other Trustees, however, undertake to regulate everybody in the institution, from the General Superintendent down to the genial and hardworking domestic who struggles with the scrub brush on the floor of the outdoor department.

The latter variety of Trustee fortunately does not often get into the forefront, but

when he does get in his deadly work he creates friction that leads occasionally to the resignation of the entire staff, and leaves the institution in such a chaotic state that recuperation and convalescence absorbs months and sometimes years of time.

There should be no interference by a lay Board with the work of the medical staff, and likewise there should be no interference by the medical staff with the business management of the hospital. There is a proper way of adjusting difficulties, and so avoiding friction. Whatever is wrong can readily be righted when the entire facts are laid before the Board or Committee of Management. Cases can be cited in Great Britain and on this continent where this clashing of interests has led to disaster. Small Boards and competent subordinates in management have worked out best in hospital work.

The desirability of reducing the number of the medical and surgical service in hospitals prevails to-day to a greater extent than ever before. It promises to result in the concentration of responsibility and unity of effort.

Of course, it is a difficult matter in some hospitals to reach the point, but the day may come when a single service in each department with a head and competent subordinates may be attained.

Distinguished professional men, such as Dr. Mayo, of Rochester, and Ochsner, of Chicago, advocate this principle, and it is their opinion as a result of their experience in examining the systems and workings of the principal hospitals of the world.

Boards of Management composed of laymen favor to-day, more than ever, the adoption of this principle to a greater or less extent.

The institution with which I am connected introduced this system in Canada, and it has been adopted with success in other hospitals of the Dominion.

A small percentage of the public are under the impression that when they enter the pay ward of a hospital the fee for lodging and maintenance covers the charge for treatment. They apparently forget that the physicians and surgeons give their services free to those who cannot afford to pay—so that those who can pay must pay. The hospital is not a pauperizing institution.

The outdoor department of a hospital is always more or less a source of trouble, in that

care has to be exercised in regard to those who should receive free treatment. My experience is, after years of careful watching, that if proper means are adopted nearly all cases of imposition can be detected.

A hospital for the sick poor should not have private or semi-private wards unless there is a distinct separation between the funds subscribed for philanthropic objects by the public and the more or less revenue-producing wards of the hospital. The want of money for maintenance naturally drives hospital managers to the installation of private and semi-private wards as expedients for raising funds to carry on the work.

I suppose that till the happy time arrives when hospitals will have ample balances on the credit side of their bank account, the installation of private and semi-private wards will continue.

The great hospitals of London, such as St. Bartholomew's, Guy's, St. Thomas, East London and University College, have no private wards. St. Thomas has, however, a private building for private cases entirely separate and distinct from its general work. Of course, there are in London many nursing homes, as they are called, that supply the places of the private wards in hospital work.

Annual reports of public institutions may be included in the lists of late publications, but notwithstanding the interesting topics therein discussed, hospital literature, be it said with regret, is not sought after by those who look for popular reading at the counters of circulating libraries.

It struck me ten years ago that the driest and most uninteresting reading was our annual report. The subject matter was all right, but it did not seem to be placed before the public in proper form.

So I commenced to illustrate our reports. I got away from the stereotyped official expressions that such reports are generally loaded up with, and instead of the report reading like "the minutes of the previous meeting," I told all about our work in story form.

I sub-headed the reports according to subjects. I used a good calendered paper and called to my aid the photographer and the engraver. I gave in half-tones the actual daily life in the wards. I exemplified our work in the orthopedic branch by ordering that every case of clubbed feet, in fact, every surgical

case that could be photographed, should be so done.

I photographed every case the day it entered and the day it was discharged. I half-toned these photos, one of which showed the crippled boy when he was admitted to the hospital, and another when his deformity was corrected.

The publication of these photos of "Before and After" the operation were admirable exemplification of our work—a first-class object lesson that brought coin to our coffers, for the public realized just the great amount of good we were doing. I followed this "Before and After" idea up in cases of bow legs and knock knees, and also in every case of hare-lip that had successful results.

The daily life in our wards—the nurses moving about from bed to bed—the children at their games—all had to answer the call of the camera. All material was made available for illustration, even the taking of a swab and its progress through the culture tube, the incubator, on the slide, with the stain and under the micro; a plaster jacket in all its stages; the search for the nickel in the gullet of some youngster who swallowed the coin instead of buying the candy; a needle from its point of entry, and its travels till located by the X-Ray—all these are brought to the public eye through our fifty-six page report. We publish 12,000 of these, one for every donor; and we also issue a booklet of 24 pages with our larger report, condensed in paragraph form, and interspersed with small half-tones. Of these we send out 225,000 copies.

We advertise, and, what is more, pay for advertisements in the Toronto daily papers, and all this literature we send out just before Christmas is at a cost for postage of about \$2,500, and when we count our cash about the first of March we generally average about \$30,000 as the result of our appeal.

During the past thirty years hundreds of thousands of dollars have been received from voluntary contributions by the Hospital for Sick Children.

A general impression prevails that the money for the support of the hospital comes from the pocket of the wealthy. Now, an intimate knowledge of the sources that sustain our work shows that we receive the dollars and dimes of the many rather than the donations of the few.

Of course, there are noble and notable exceptions—one at least in our history aided us with a gift of \$10,000, the largest the hospital ever received from one individual benefactor in his lifetime. The experience of one other Canadian city differs, and your experience in American cities may differ from ours.

Our experience is that the millionaire and his money are not soon parted, when the hospital has no other security to offer than that inventoried in the words of Holy Writ: "He that giveth to the poor lendeth to the Lord."

In all hospitals where there are training schools for nurses, the management of these schools is, as you all know, in charge of a lady superintendent.

It has often occurred to me that these women who hold such responsible positions do not get, in some cases, the cheerful consideration they should get from medical superintendents and Boards of Trustees.

In fact, I know of cases in parts of this continent where, to use a familiar expression, the lady superintendent has "a hard time." I have had the pleasure of meeting the lady superintendents of the continent in the annual meetings of their association, and in very many of the hospitals in which they are engaged in their work of training and caring for the nurses of their schools. My opinion is that no class of women engaged in hospital work deserve more kindly treatment and encouragement than they do.

The housing of nurses is a feature that deserves far more attention than it gets to-day from hospital managers all over the world.

My visits to hospitals during the past thirty years have shown me that in scores and scores of institutions on both sides of the Atlantic the care of the nurse is only a minor consideration.

True, in some of our large cities of this continent and of Great Britain, conditions have materially improved, and there are perhaps fifteen or twenty residences that are models in comfort and sanitary equipment.

These young women deserve the best consideration. They come to us in good health, and should leave us on graduation in undiminished health. I have seen residences, or rather accommodation for nurses, in some parts of the United States, yes, in Great Britain, the condition of which is a serious

reflection upon Boards of Trustees and Managers.

A hospital is a place where health should be preserved as well as being restored. There should not be one principle for the wards and another for the nurses' residence. Most nurses don't get sufficient rest. Their labor is too continuous and severe.

Be it said that the hands of many Lady Superintendents of Training Schools are tied in their efforts to get proper accommodation for the nurses. The appeal of the Superintendent for better accommodation is made to the Trustees. The appeal gets to their board room table, and either gets into the file box or into the waste paper basket.

The selection of resident physicians—I mean the fourth and fifth year youngsters who have to put in their full year at hospital work before they can have "M.D." upon their door plate—is very important. It is a difficult matter to pick out of thirty or forty applicants just the four or five that will fill the position satisfactorily. It is comparatively easy to find their status during their school life, but because they are good men—yes, even honor men—it does not follow that they are suitable for resident positions in hospitals.

The feelings of not only Medical Superintendents but Lady Superintendents should be consulted. Table manners and general deportment may not be on the curriculum of medical colleges, but they are not a negligible quality in hospital life and administration. A careful scrutiny into personal habits and conduct should be exercised before the residents are introduced into hospital life.

When they are selected they should have proper accommodation, and made comfortable for their work. Their duties are onerous, and in food and lodging they should be under the best conditions. Every man should have a separate room—if possible, a bedroom, sitting room and bathroom. The want of space in older hospitals makes it difficult to effectively carry out the accommodation suggested.

The perfection of comfort for resident physicians is to be found in the Western Infirmary in Glasgow, where a small bedroom, with a small sitting room and bathroom attached, is provided for each resident.

It may be difficult to provide this accommodation in older hospitals, but in those now being constructed on this continent it would

be a simple matter, and not so very expensive.

May I, in conclusion, express the hope that my good intentions and earnestness will not lead any of you ladies or gentlemen to assume that I regard myself as an oracle in hospital management.

It was the custom in my early days as a printer fifty years ago to ask the "devil" at the close of his first day of apprenticeship one question, and that question was: "Are you sorry you learned the printing business?"

It is just as impossible for a grown man to learn the hospital business in the years I have given to the work as it was for the boy to learn to master the secret of "the art preservative" on the first day of his apprenticeship.

I have not learned the hospital business, but I am not sorry I tried to learn the mysteries of your work and mine.

We are all of us soldiers, not conscripts, but volunteers in the armies that keep step in the great march of mercy.

I am glad to be with you in this great council of war, where we meet as Americans and Britishers, each separated in allegiance to the ensign of our affection, but united in loyalty to the humanity which is above all nations.



Medical Day in Philadelphia.

Dr. J. V. Shoemaker submitted the report of the Medical Day Committee on Institutions, Colleges and Hospitals at Medical Day meeting of Founders' Week, held in the Walnut Street Theatre, October 8. The theatre was crowded with medical men of Philadelphia and other cities.

Dr. Shoemaker called attention to the fact that Philadelphia was the first home of a hospital. The first medical college, the first pharmaceutical college, the first medical association, the first journal of pharmacy and the first medical literature all came into their American being in Philadelphia.

The largest and best equipped laboratories for medical, chemical and bacteriological research in all the world are now in Philadelphia. London alone exceeds Philadelphia among all the cities in the world in hospital capacity, but in equipment, in treatment, in provisions for sanitation, and antisepsis, and in all the requisites of the modern hospital, Philadelphia is not only unexcelled, but is unequalled.

The speaker referred to the new volume,

Handbook of Hospitals, concerning the scientific institutions, colleges and hospitals of Philadelphia, and said that the great work, which will include a complete history of all the institutions of Philadelphia, with that of the men who made them, will be issued soon.

This work was the subject of a report submitted by Dr. Charles K. Mills and Dr. Frederick P. Henry. Professor J. P. Remington presented the report of the committee on historical exhibit, and said that the exhibit upon the fourth floor of City Hall contains a complete collection of all the records of the various institutions of the city from the very beginning.

Dr. L. Webster Fox, chairman of the committee on Medical Day, submitted his report with an interesting address on the reunion in which the assemblage was participating.

Professor George A. Piersol, of the University of Pennsylvania, delivered an address upon "The Medical Colleges and Allied Institutions," and Dr. J. Solis Cohen spoke on "The Great Teachers of Philadelphia."

Dr. James M. Anders talked on the "Development of Practical Medicine in Philadelphia." After pointing out that we of the present day must feel devoutly thankful to the founders of medical science in Philadelphia—to Kearsley, Cadwalader, the Bonds, the elder Shippen, Morgan, Jones, Rush, Gerhard and many others, whose enterprise was not guided and assisted by well-equipped laboratories and overfilled hospital wards—he continued:

"The first representative of the medical profession, so far as is known, was Jan Petersen, a barber, of Alfendolft, who was surgeon to one of the Swedish colonies on the Delaware at a salary of ten guilders a month, beginning July 10, 1638.

"The Swedes were a simple people, but the colony brought by Penn was made up of the best of British. To the standard set by the Welsh Quaker doctors who accompanied the colonists is largely due the advanced professional position taken by Philadelphia in its incipency.

"In 1699 the city suffered an epidemic of yellow fever, and about 220 deaths occurred. In the following year, when Philadelphia had

about 700 houses in the neighborhood of the Delaware wharf, the first quarantine law was passed. It was as quarantine physician that Dr. Thomas Graeme served the city more or less constantly during forty years.

"During the next decade a number of men destined to fame in the annals of Philadelphia medicine rose slowly above the horizon. Some of these had been apprentices of John Kearsley; others occasionally attendants at his lectures, and several, although later, went abroad to amplify their medical knowledge."

Among the latter much credit was given by Dr. Anders to Lloyd Zachary, Phineas Bond, Thomas Bond, Cadwalader, William Shippen, Jr., and Morgan, for bringing about the more important earlier advances in practical medicine in Philadelphia.

Thus, Thomas Bond was the first to recognize the advantages of the institution method of treating diseases, and the first to found a hospital, namely, the Pennsylvania Hospital, at Eighth and Spruce streets, while it was reserved for Morgan to found the first school in America devoted to the teaching of medicine, the medical department of the University of Pennsylvania.

Philadelphia was also the home of the first specialties in America, such as surgery and obstetrics.

"During the Civil War," Dr. Anders said, "the largest of all military hospitals was situated here at about what is now Forty-fourth street and Osage avenue, West Philadelphia. It should be pointed out that the first organization of women as nurses for the military hospitals was in Philadelphia in 1861, and was known as the Philadelphia Nurses' Corps.

"It should be our pride that in the tuberculosis crusade Philadelphia leads all cities of the Union. The magnificent accomplishments of the Phipps Institute, aided by the health departments of the state and city, as well as by the Pennsylvania Society for the Prevention of Tuberculosis, make a most impressive showing in humanity's fight against this dread disease. Moreover, there are signs of a public awakening to the possibility of a successful advance upon the great white plague, both toward prevention and cure."

In the Nursing World

ARTICLES IN THIS DEPARTMENT, WHETHER BEARING SIGNATURE OR NOT, ARE CONTRIBUTED, AND DO NOT NECESSARILY REPRESENT THE IDEAS OR POLICY OF THIS MAGAZINE.

Graduate Nurses' Association of Conn.

In this, its fourth annual report, The Graduate Nurses' Association of Connecticut reviews a year of comparative quiescence. The primary object of the Association, defined in its constitution as "The Advancement of the Educational Standard of Nursing," of which the securing of State Registration was but an initial step, is the work now before the Association.

Less spectacular in its form and apparently of less vital interest to the individual nurse, the keen, alert, active interest of the early years has somewhat abated. The need of this interest and of sufficient funds to carry on the important work of standardizing the Training Schools of the State is a handicap which the ensuing year should see removed. Keen, active, individual interest and a doubled membership is necessary for the work which shall make R. N. worth while.

The regular meetings of the Association have been held in Waterbury, New Haven, Danbury, and the Fifth Annual in Bridgeport. The programmes have consisted of papers on "What Constitutes a Good Private Nurse," "Progress in State Registration," with address by Miss Jane E. Hitchcock, of New York; "District and Visiting Nursing" and "Training School Methods in the 80's, 90's and To-day."

The Executive Board has held four meetings for the transaction of general business and the arrangement of programmes.

The Association has fulfilled its pledge of \$150 to the endowment fund of the Chair of Hospital Economics at Columbia University.

The Association was represented by a delegate at the annual convention of The Associated Alumnae of the United States at San Francisco.

The present membership of the Association is 276, a decrease of eleven from the reported membership of last year. No resignations have been handed in, but the names of some who had registered as charter members, but had never paid fees or dues were necessarily stricken from the books.

Over fifteen hundred pieces of mail have been sent out by the secretary, consisting of the annual reports, the circular letter to the registered nurses of the State regarding the Hospital Economic Fund, the ballots, the programmes of annual meeting and the notice cards of the quarterly meeting; besides the incident correspondence of the Association.

Forty-three of the circular letters sent to registered nurses, and twenty-four of the ballots with notice of annual meeting sent to Association members were returned to the secretary because of incorrect address.

MARGARET GALLAGHER, R. N.,
Recording Secretary.

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Graduate Nurses' Association of Pennsylvania.

The sixth annual meeting of the Graduate Nurses' Association of Pennsylvania was held at Philadelphia, Pa., October 14, 15, 16, 1908, with the following programme: Wednesday, 2 P. M., Rev. Thomas R. Turnbull, D. D.; His Honor the Mayor John Reyburn; Director of Department of Charities and Health Dr. Joseph S. Neff; address, Dr. Edward P. Davis; address, Miss Roberta M. West, president. Order of business. From 5 to 7 P. M., tea at Medico-Chirurgical Hospital.

Thursday, October 15, 10 A. M.—Subject: State Registration, Dr. Alice Seabrook. Lunch at 12:15 in the building. At 1:30 P. M., address, Dr. Alfred Stengel; address, Dr. Charles W. Dulles; address, Dr. M. Howard Fussell; address, Dr. Baldy. Evening at 7:30, address, Dr. W. W. Rodman; address, Dr. William E. Hughes; address, Dr. J. Chalmers Da Costa.

Friday, October 16—Papers: Work in Public Schools, Miss Anna L. Stanley; paper, Tubercular Dispensary Work, Miss Frances Hostetter; addresses, Mr. John F. Muckle, Mr. Sleiman, Red Cross Society. Election of officers. 2 P. M., unfinished business. Official report in next number.

Michigan State Nurses' Association.

The Michigan State Nurses' Association, at its annual meeting, held in Ludington, June 30 and July 1 and 2, had presented the following resolution, which was unanimously adopted:

Resolved, That a letter be sent to the officers of the Michigan Society for the Study and Prevention of Tuberculosis, expressing the interest of the Association in the work they are undertaking, pledging its help to secure members and its aid to make the Michigan exhibit at the International Congress in Washington a success.

This resolution was engrossed and sent to Dr. A. S. Warthin to be made a part of the State anti-tuberculosis exhibit.

The Executive Board, at its meeting, held September 2, voted to send fifteen dollars to help defray the expenses of this exhibit.

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Nurses' Examining Board.

The Nurses' Examining Board of the District of Columbia will hold examination of applicants November 16, 1908, at Garfield Hospital, from 9 a. m. until 4 p. m. All applications must be in by November 1.

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New York City.

The next regular meeting of the Association of Graduate Nurses of Manhattan and Bronx will be held at No. 228 West Fifty-eighth street, Monday afternoon, November 9, at 4:30 o'clock.

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The New York City Training School for Nurses, Blackwell's Island, held graduating exercises October 17 at 4 p. m.

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Camp Roosevelt.

The next meeting of Camp Roosevelt will be held on Wednesday, November 4, at No. 596 Lexington avenue, from 2:30 to 5. All Spanish-American war nurses are cordially invited to attend.

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Niagara Falls, N. Y.

The new wing to the Niagara Falls Memorial Hospital was formally dedicated and graduating exercises of the training school for nurses were held on the evening of September 17.

The nurses graduated were Miss Marcella MacDonnell, Mrs. Marie Wilson, Miss Blanche Robinson and Miss Minnie Mingay. Miss Mingay was not in attendance, being ill with typhoid fever.

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Buffalo, N. Y.

The graduating exercises of the Woman's Hospital Training School for Nurses were held at the Women's Union Hall, Friday, September 18, at 8:15 p. m., with the following programme: Opening address, Rev. Leon O. Williams; vocal selection, Mrs. E. A. Southall; monologue, Mrs. John F. Lewis; vocal selection, Dr. F. C. Busch; presentation of diplomas, Dr. E. P. Lathrop; reception; dancing.

The graduates are Clara M. Berry, Elizabeth Welsch, Lillie May Weinland, Mary Elizabeth Walker, Margaret A. Strycker, Margaret N. Hennesy, Jane A. Cutler.

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Paterson, N. J.

The alumnae of the Paterson General Hospital, held its monthly meeting Tuesday, October 6, which proved very interesting, a large number of the members being present. After business was attended to a pleasant social hour followed, refreshments being served by the committee appointed for that purpose.

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Philadelphia, Pa.

The graduating exercises of the Training School for Nurses at St. Luke's Homeopathic Hospital were held at St. Paul's Reformed Episcopal Church, Broad and Venango streets, September 29. The graduates are Elsie May Wise, Pottstown, Pa.; Emma Jean Rhodes, Fulton House, Pa., and Marion Adelaide Roberts and Elizabeth Wilhelm, Philadelphia. The programme follows:

Organ solo, William H. H. Fritz, M. D.; prayer, the Rev. Charles Holman, D. D., Eleventh Baptist Church; solo carmena, Lois V. E. Calvert; greeting, Desiderio Roman, M. D., surgeon, St. Luke's Hospital; the Rev. Charles Coleman, D. D.; organ solo, William H. H. Fritz, M. D.; awarding of diplomas, Harry K. Mansfield, M. D., visiting physician, St. Luke's Hospital; presentation of

class pins, Miss Agnes H. Reid, chief nurse, St. Luke's Hospital; address, Weston D. Bayley, M. D.; consultant, St. Luke's Hospital; solo, "A Rural Song," Lois V. E. Calvert; benediction.

The graduate exercises of the St. Agnes Hospital Training School for Nurses, Philadelphia, were held in the Study Hall of the hospital, September 24, 1908. The afternoon's programme was opened with a prayer and address by the Rev. G. J. Nusstein, C. ss. R. Diplomas were conferred by Dr. A. O. J. Kelly, chairman of the Training School Committee. Medals were presented by Sister Mary Borromeo, O. S. F., Superior of the hospital. The graduates were Sister M. Doretta, O. S. F.; Helen A. MacFeeley, Camden, N. J.; Marie P. Connolly, Towanda, Pa.; Mary A. Kelly, Philadelphia; James W. McMonagle, Philadelphia; Anna E. Wolford, Hanover, Pa., and Rose A. Dorrian, Philadelphia.

SISTER M. MAURA,
Head Nurse.

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Warren, Pa.

The graduating exercises of the class of '08 of the State Hospital Training School were held in the chapel of the hospital, Thursday evening, September 17. Promptly at 8 p. m. the class were ushered to their seats on the platform and the exercises were begun, the order of which was as follows:

Invocation by Rev. H. M. Conaway.

Songs by Mr. Chrystal Brown.

Address to class by Dr. Frank Woodbury, Philadelphia, Secretary of Committee on Lunacy.

Songs by Mr. Chrystal Brown.

Conferring of Diplomas by Dr. Mary C. Conant, Director of Training School.

Presentation of School Pins by Miss Edith Chaffee, Principal of Training School.

Songs by Mr. Chrystal Brown.

At the close of the exercises a reception was given to the class and their friends by the trustees and Dr. and Mrs. M. S. Guth.

The closing feature of the evening was the opening of the Nurses' Home for inspection to the guests of the evening.

The chapel and Nurses' Home were simply but prettily decorated with flowers and school colors—blue and gold.

The class motto: "No one is useless who lightens another's burden" was a pleasing feature of the decorations. The members of the class on whom were conferred diplomas were Emma M. Salsgiver, Anna J. Reinsel, Margaret H. Leigh, Gertrude L. Campbell, Ruth M. Nelson, Dorothea V. Bole and Fred Healy and John A. Morgan.

On September 9 the class of '08 of the Training School of State Hospital were entertained at dinner in Hotel Adams, Russell, by the Alumnae Association. The dining-room was tastefully decorated with flowers and ribbons of school colors (blue and gold). Miss Harriet H. Baird, on behalf of the Association addressed the class in a few well chosen words congratulating them on the completion of their school work and welcoming them to the ranks of the alumnae, to which Miss Emma M. Salsgiver, class president, most fittingly responded.

Twenty-two guests participated in the festivities of the evening, which included a reception in the parlors and a trolley ride of some miles to and from the hotel. The occasion was one of thorough enjoyment, and will be pleasantly remembered by the class and their entertainers.

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Des Moines, Iowa.

Mercy Hospital Training School for Nurses, Des Moines, Ia., held its annual commencement exercises at Y. M. C. A. auditorium Monday evening, October 5. The graduates were Catherine Kellin, Ellen Sullivan, Mary Flynn, Leonora Mc Nerney, Josephine Herman, Anna Daily, Lucretia Hayes, Anna Houlihan, Della D. Darling, Estella Cronin, Mary Cronin, Edith McCoy, Elizabeth Marsh, Inez Millen, Nellie Overbaugh.

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Canton, Ohio.

Steps were taken at a meeting of Canton nurses for the organization of a Canton association of graduate nurses, the membership of which is to be open to any Cantonian who is a graduate of a nurses' training school, whether in or out of the city. A committee of five nurses, with Miss Buchman, chairman, was appointed to draft a constitution and by-laws for the proposed association.

The meeting held at the home of Miss Cora Rackle, Summit street, was called under the auspices of the alumnae association of Aultman hospital nurses, but an invitation was extended to graduates of other schools. It was decided that no delegate would be sent to the convention of the Ohio State Graduate Association of Nurses, but any nurse who finds it possible is urged to attend

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Muskegon, Mich.

The first annual commencement of the Hackley Hospital Training School for Nurses was held at the Woman's Club Building, Muskegon, Michigan, on the evening of September 16, 1908. Two nurses were graduated, Miss Anna A. Ewing, Lansing, Michigan, and Miss Sylvia Maude Erb, North Branch, Michigan.

The addresses to the nurses were made by the Rev. A. Hadden and Dr. John Vanderlaan and by Miss Linda Richards, superintendent of nurses, Michigan Asylum for the Insane, Kalamazoo, Michigan, who also administered the Modified Hippocratic Oath to the graduating class. The exercises were followed by a reception and dancing.

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Navy Nurses.

The following nurses have been appointed to the new female nurse corps of the navy:

Elizabeth J. Wells, Garfield Memorial Hospital, Washington, D. C.

Elisabeth Leonhardt, Protestant Episcopal Training School, Philadelphia, Pa.

Clare L. De Ceu, Buffalo General Hospital Training School.

Ada M. Pendleton, Garfield Memorial Hospital, Washington, D. C.

Mary H. Du Bose, Lane Hospital, San Francisco, Cal.

M. Estelle Hine, Northwestern Hospital Training School, Minneapolis, Minn. Ex-army nurse.

Sara M. Cox, ex-army and Spanish War nurse, Boston City Hospital, Boston, Mass.

Florence T. Milburn, Children's Hospital, Boston, Mass., with training at the Massachusetts General and post-graduate training at the Corey Hill Hospital, Boston, Mass.

Lenah H. Higbee, Post-Graduate Training School, New York City, and Bellevue and Allied Hospitals, New York City.

J. Beatrice Bowman, Medico-Chirurgical Hospital, Philadelphia, Pa.

Della V. Knight, ex-army nurse, German Hospital, Brooklyn, N. Y.

T. B. Small, Johns Hopkins Hospital, Baltimore, Md.

Elizabeth Hewitt, Spanish War nurse, Columbia and Children's Hospital, Washington, D. C.

The first two for appointment as head nurses will be:

Martha E. Pringle, Protestant Hospital, St. Louis, Mo. Eight years in the Nurse Corps of the United States Army as nurse and head nurse, and Victoria White, St. Luke's Hospital, South Bethlehem, Pa. Miss White has for seventeen years occupied the position of superintendent at the above hospital.

Miss De Ceu and Mrs. Milburn have also occupied positions at the head of hospitals and training schools, and possibly others in the corps. Miss Hewitt for two years filled the position of assistant superintendent at the Children's Hospital, Washington, D. C.

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Married.

The marriage of Miss Ella Dorothy Gaedka and Mr. J. Heber Duro occurred Tuesday, September 22, at the home of the bride's sister, in Monson, Iowa. The ceremony took place at 11 o'clock, and was witnessed by the intimate friends only. The bride has been one of the successful graduate nurses of Des Moines, receiving her training in the Mercy Hospital Training School at that place. Mr. Duro is a prominent young business man, the vice-president of the Blount Coal Company. Mr. and Mrs. Duro came at once to Des Moines and were guests of honor at a dinner given by Mrs. W. C. Beans at her home, No. 1,544 Sixteenth street. A reception to their friends followed, after which the couple went to their home on Forest avenue, where they will immediately go to housekeeping, being at home to friends October 15.

At Norwich, Connecticut, Tuesday, September 29, Elizabeth May Russ to Mr. George Ephraim Prentice. Miss Russ is a graduate '05 of the W. W. Backus Hospital, at Norwich. Mr. and Mrs. Prentice departed at once on an extended automobile tour, after which they will reside in Danielson, Connecticut, where Mr. Prentice is engaged in business.

The marriage of Dr. Charles Edward Doerr, of the Reserve Corps of the United States Army, and Miss Sarah Elizabeth Allison, of Ludlow, was solemnized at the home of the bride October 2. The wedding was expected to take place later, but was hastened by an order directing the doctor to report in Washington at once. This was the culmination of a romance which began in the Cincinnati City Hospital, where the bride was a nurse and the bridegroom was an interne.

Dr. J. W. Devine, a well-known physician, and Miss Bessie Files, of Augusta County, Va., were married October 6 at Clifton Forge, Va., Rev. Father Payne officiating. The bride has been a trained nurse at the Home and Retreat, Lynchburg, Va., having graduated a few months ago.

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Personal.

Miss Cora Kromer, of Sandusky, Ohio, has accepted a position as head nurse of the W. W. Backus Hospital, Norwich, Connecticut. Miss Kromer graduated from the Backus Hospital in 1905.

Miss Anna E. Laughlin, former clinic nurse of Jefferson Medical College Hospital, Philadelphia, Pa., has accepted the position as directress of training school for nurses of same institution.

Miss Esther Albright, Homeopathic Nurses' Training School, Iowa State University, class of '08, is taking an extended vacation and well-earned rest at the home of her parents in Gaza, Iowa.

Miss Margaret M. Earl, a graduate of the Michigan University Hospital Nurses' Training School, has been appointed and entered upon her duties as superintendent of the Homeopathic Hospital Training School of Iowa City, Iowa.

The many friends of Miss Jessie E. Catton, who was up to about a year ago matron and superintendent of the training school of the Springfield Hospital, Mass., will be pleased to know that she is to return to that institution in the capacity of superintendent. Miss Catton was last year given leave of absence, and has spent the time since she left the city in

fitting herself for advanced work in her profession. She spent part of the year in taking an advanced course in hospital economies at Columbia and has since been studying the methods of the larger New York and Chicago hospitals. Miss Catton will bring to the Springfield Hospital much that will be of special value.

Miss Effie Hutchinson, of Stouffville, Ontario, Canada, formerly superintendent of Idaho Falls Hospital, Idaho, has taken a position at St. Peter's Hospital, Helena, Montana.

Miss Etta E. Cook, formerly of Springfield, Massachusetts, is now chief nurse at the County Farm Hospital at Helena, Montana.

Mrs. J. E. Root, nee Miss Elsie S. Richtes, of the '03 class St. Luke's Hospital, Philadelphia, Pa., has moved from Arizona to Cincinnati, Ohio, where Mr. Root has accepted a position as instructor of the University of Cincinnati.

Miss Minnie Lycan has been appointed assistant superintendent of hospital and nurses, City Hospital, Springfield, Ohio.

Miss Elizabeth E. Davis, a graduate of the Massachusetts General Hospital, has been appointed superintendent of the Home Hospital, Lafayette, Indiana.

Miss Helen Biggert, of Berlin, Wisconsin, has been appointed superintendent of the L. L. Culver Hospital, Indiana. Miss Biggert is a graduate of the Illinois Training School for Nurses.

Miss Emily R. Dendy, of Richmond County, Georgia, was appointed by Governor Smith as a member of the State examining board of trained nurses to fill the vacancy caused by the expiration of the term of Miss Mary Campbell, of Macon. Miss Dendy will serve three years from September 23.

Miss Alice Kemmer, an ex-army nurse, has returned to her home in Lima, Ohio, where she is the recipient of many social attentions. Miss Kemmer has nursed in Cuba, the Philippines, China and Japan.

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Obituary.

Died at the Brattleboro Memorial Hospital, Brattleboro, Vt., September 22, of neuritis, Sara R. Langstrom, aged forty-eight years, widow of the late Charles Langstrom.

Mrs. Langstrom was a native of Greenwich, N. J. She was married at the age of sixteen years, and her husband being a mariner, the earlier part of her married life was spent on shipboard.

In the year 1893 she entered the Lynn Hospital Training School for Nurses, Lynn, Mass., and graduated in 1895, and then had charge of the Lynn Contagious Hospital, about one year. In the Summer of 1898, entered the army, serving at Montauk and Chickamauga. After her service in the army she did private nursing in Lynn and vicinity, also spent several months in The Lynn Hospital. In December, 1904, she went to Ketchikan, Alaska, to take charge of St. John's Hospital, connected with the Episcopal Mission. She was obliged in the Summer of 1907 to give up her work in Alaska on account of failing health, and returned to Lynn, Mass., in the early part of the present year. She was a member of St. Stephen's Episcopal Church, Guild of St. Barnabas, National Order Spanish-American War Nurses, Camp Roger Wolcott, Spanish-American War Nurses of Massachusetts, and the auxiliary of United Spanish War Veterans, Lynn, Mass. Services were held at Rhodes's Chapel, Pine Grove Cemetery, Lynn, Mass., September 25, and the burial service of the auxiliary was observed. The floral offerings were numerous

and beautiful, our national and the Spanish colors being used. Mrs. Langstrom was a woman of unusual executive ability, sterling worth and one who was an honor to her profession. In private practice, hospital work, in the wilds of Alaska among the Indians, she was always found at her post of duty, where her genial presence cheered and inspired with hope all who came in contact with her. By her death the nursing profession has lost one whose place it will be hard to fill:

Scarlet fever, contracted while attending to her duties as a nurse in the City Hospital, Newark, N. J., caused the death of Miss Elsie Miller, 22 years old, October 8. She contracted the disease while nursing a patient in the contagious ward, to which she had been assigned.

Death entered St. Vincent's Sanitarium, Sherman, Tex., October 13, and claimed one of its most patient and beloved nurses, Sarah O'Connor, aged 25 years. She had spent the last four years at the sanitarium, coming from Fort Worth to take a course in nursing. She graduated with honors in the class of '07, and had since been a valued member of the regular corps. She had suffered for many months from appendicitis, and underwent an operation recently. None was more gentle and kind nor more efficient than this little nurse. She had two sisters, Mrs. J. W. Muller and Miss O'Connor, residing at Fort Worth, to which city the body was sent for interment.

Graduate Nurses of Dallas, Texas.

The Graduate Nurses' Association of Dallas met in the directors' room in the Commercial Club, October 4. Five new members were admitted, making the total membership twenty-six. The session, which was brief, was devoted almost exclusively to the discussion of methods of raising a fund with which to take care of sick nurses.

The question of inviting the State associa-

tion to meet in Dallas next year was introduced and discussed, but it was decided to ascertain where the funds for entertaining the visitors were to come from before going any further into the subject.

Miss Mary Marr is president of the association, Mrs. H. J. Ripper is corresponding secretary, Miss Mattie Rutledge is vice-president and Miss Louise Lowe is secretary.

(In the Nursing World, Continued on Page 338.)



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TOILET AND BATH

The Editor's Letter-box

The Trained Attendant.

To the Editor of The Trained Nurse:

I have read a number of articles in our magazine about trained attendants, domestic nurses, and the high price trained nurses charge. I spent three years in hospitals, and have nursed six years since, and in that time have met with trained attendants and domestic nurses, and have heard people of moderate means discuss the subject. The idea seems to be that persons of moderate means want a nurse for \$7 or \$8 a week with experience and training of a trained nurse, and the trained attendants and domestic nurses' idea seems to be to work a year or so and gradually put their price up to \$21. Also nurses who have entered hospitals, stayed two or three months, either been discharged or not able to stand hard work, don the uniform and in short time are receiving \$18 to \$21 a week, and doctors know about it and employ them. They are employed by people as trained nurses, given \$21 without a question, and then, if they commit a great blunder where perhaps a life has to pay the penalty, trained nurses as a body get the blame. One domestic nurse told me she wanted to take a course in a hospital, but a doctor told her she could not stand the life, and he would keep her busy at \$15 a week, and said she would make as much as most trained nurses did. If trained attendants and domestic nurses would be satisfied with \$7 to \$8 a week and people employing them could know just what they were getting, most any trained nurse would be glad to help a domestic or trained attendant, provided she wanted help. Some I have met thought their way of doing things was much better than ours, and, in fact, thought they could teach us a few things. Perhaps they can, but that attitude would not tend to make a trained nurse want to help one in any way. In regard to price of trained nurses, they get \$21 to \$25 a week for usually twenty-two hours on call out of twenty-four, and as time is reckoned, receives less than a day laborer, with added

responsibility thrown in. It seems to me the Albany Guild has settled the question as satisfactorily as any way I know. People of moderate means can employ a nurse or attendant, who, if necessary, can stay all the time she is under a trained nurse's supervision, the trained nurse calling each day to see that she is doing her work properly, and after a certain length of time these attendants are given diplomas. I think the majority of trained nurses would be willing to help the trained attendants and domestic nurses if they would work for moderate price and did their work in the right spirit. Live and let live. There is work enough for all.

A GRADUATE NURSE.

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From Portland, Ore.

To the Editor of The Trained Nurse:

So many things have come to my notice here I'd like to share with you. If only you could climb with me the immense hill to where St. Vincent's Hospital is perched you would be willing, I know, to pause midway and, looking backward, gain strength and courage from the view of those stately, snow-capped mountains away off in the distance. When you did gain the summit and entered the spacious hall, was carried by the elevator three flights up, you would then walk down a long corridor, then out and over a long bridge and up some more stairs, and here we are in the new, beautiful home for nurses dedicated June 22, and here June 23 the graduating class was assembled. Dr. Dixon's address on this occasion seemed to me worth repeating. I wish I could send you some of the roses which were there by the thousands, and maybe you would like to take a peep into some of the many gift boxes laid on a table near the platform; and I have no doubt you would enjoy sampling the fine supper after all this gorgeousness, and then standing away up there you would realize why Portland is admired, for, looking away down at her twinkling lights, she seems like an immense jewel.

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side of the balance sheet. Impending Physical Bankruptcy, during acute disease, must be averted by regular negotiable deposits of sterling eutrophic value.

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is physiologically competent, predigested and palatable, immediately available, peptogenic and restorative, either as an Emergency Nutrient during acute illness, or an Auxiliary Reconstructive Tonic during Convalescence. *Samples on request.*

THE ARLINGTON CHEMICAL COMPANY
Yonkers, N. Y.



FEELING IS A SENSE
FEELING PAIN
NONSENSE

— TRY TWO ANTIKAMNIA TABLETS —
THE ANTIKAMNIA CHEMICAL COMPANY
ST. LOUIS

When you write Advertisers, please mention THE TRAINED NURSE.

Some other evening here you might find pleasure in joining me. We must board the trolley car, and mind, you can only ride fifteen miles for five cents; but we will get off ere we reach the end of the line and have a view of the Charles ranch. Mr. Charles is the inventor of the electral thermal garment, a robe which adds the last drop of comfort needed in this perfect clime, for even here sickness will come, and the aged find cool winds and night air undesirable until donning this electric robe. They can then sit on the porch defying chilly breezes and breathing in the sweet fragrance from over one hundred rose bushes of all the varieties known to the present day gardener. Mr. and Mrs. Charles have travelled much, and time spent in their home passes quickly, for true hospitality is shown there; but you must come back with me and see my own ranch. (Oh, no! not the homestead, that must come later). The yards here are so roomy they seem ranches, and I am now in a larger, prettier house than when last I wrote, and you may be certain of a warm welcome awaiting you there if fate or fortune ever brings you this way.

Very sincerely,

JEAN S. EDMUNDS.

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What Are Conventions For.

To the Editor of The Trained Nurse:

In the comment upon my article in September number there seems to be an opinion that I thought all of the papers "dry," and that there must be no time for such practical things as papers on nursing subjects. I hope the public will not think I am quite such a "rattle brain" as to not know exactly what a "convention" is for. I do, and I realize that the social function is only a "factor," but it's a good one, and one which cannot very well be left out. It seems incredible to one who enjoys the papers, the social functions and, in fact, the conventions, the trip and all the educational advantages it brings to a superintendent on the frontier to read the sneers sent out by other "delegates"; it sort of "riles" my fighting blood, and, like Samantha, I feel like "rizing right up," and I believe all thinking superintendents will agree with me that without the conventions we would never be able to attain any height in our profession, nor would we be able to re-

strain the ever-ready criticisms of other professions toward ours. While we more or less disagree, we are all working for higher standards, and in the end we will get them through the very channels nurses are criticizing. I only regret that the Associated Alumnae turned down what is so-called "Woman's Suffrage." While I do not like the name, I do believe that woman should have equal rights for the same work as man. When I look around me here and see a half-witted negro go to the polls and vote, and a white woman, with a pretty fair average of common sense, cannot vote or have any voice in the political world, I feel that the tradition of the Dark Ages has not altogether been obliterated. Thanking the editor for her courtesy in printing all my clumsy expressions, and for the space she has given, not once, but for many years, I am, respectfully,

J. S. C.

Fort Worth.

+

At the Discretion of the Hospital.

To the Editor of The Trained Nurse:

If a nurse trained in a hospital for eighteen months and left of her own accord would the said hospital allow her to return and finish her training and give her a diploma?

Would any other hospital allow her the time spent in previous training?

INTERESTED INQUIRER.

No one could answer your questions authoritatively but those directly interested, namely the hospital or training school directors. It would be entirely at their discretion.

As a rule a hospital training school does not accept applicants who have partly trained in other institutions.—Ed.

Nursing Tuberculosis.

To the Editor of The Trained Nurse:

My experience has shown that of the many nurses trying tubercular work only a few stick to it and become enthusiastic workers. The reason seems to be that so many undertake it as a vacation job, or with the mistaken idea that it is light, easy work. Here and there a fine woman is doing splendid work, and I hope more will. Having taken it up myself with the idea that it was easy, and for this reason suited to my sorely taxed strength, I soon learned otherwise. I have

When Doctors Meet

When medical confreres meet at the club or elsewhere and have a few moments from the routine of practice, they often exchange ideas and experiences of great value to one another.

A Brooklyn physician remarked the other day:—"Some six or seven years ago I met a colleague on the street cars. He asked me about my health. I said it was good otherwise than that I had headaches constantly, which I failed to account for.

"He asked me if I drank much coffee.

"Then the thought came to me that I was a fool who preached to patients against coffee drinking, yet drank it myself. I discontinued coffee and drank postum and after a week the headaches were all gone.

"Not satisfied I resumed coffee and in about two weeks the headaches returned. To satisfy myself completely, I made the change from coffee to postum and back again, five or six times—always with the returning headache while using coffee; relief when I used postum.

"Then I determined to leave coffee alone and have used postum ever since, with freedom from headache.

"In many diseases coffee produces the most untoward effect. It ruins the heads of high-strung people, and we might look to coffee not only for many 'heart-failures' of our age, but the increase of suicide in our cities.

"Coffee weakens the morals, not so much as opium, which it resembles in many ways, such as its effect on the brain and heart; but if statistics were properly made of coffee drinkers and non-coffee drinkers, they would astonish the world."

Postum is made of clean hard wheat, including the bran-coat with its phosphates (the natural cell-tonic of the cereal); contains no coffee or other harmful matter.

Doctor, if you have not yet received a copy of the new morocco-bound "Clinical Record"—the most useful pocket record for the bedside yet published, send your name to the undersigned.

Also ask for a box of samples of grape-nuts and postum, and same will be gladly sent to you prepaid.

POSTUM CEREAL COMPANY, LIMITED,
Battle Creek, Michigan.

never regretted the experience, though it cost me a complete breakdown, but when a bit stronger will start in again.

With so much of interest in "The Trained Nurse" to keep my brain in touch with the nursing world, I do not find the enforced side-tracking for repairs cuts me off as much as I feared it would. E. R.

Syracuse.

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Nursing in Colorado.

To the Editor of The Trained Nurse:

Can you tell me whether it would be possible for nurses, graduates of good training schools, to nurse in Colorado as graduates, but not registered nurses, without taking the state examination? M. R. B.

Section 3 of the Colorado bill states: "Any person from any other state who shall show to the satisfaction of the board that he or she is a trained graduate nurse of a hospital or sanitarium, the standard of instruction and training of which shall meet the requirements of the rules prescribed by said board, may, upon payment of the usual fee therefor, receive a certificate and be registered as a nurse of this state without examination."

Section 4 states: "It shall be unlawful after April, 1906, for any person to practice nursing as a trained graduate or registered nurse without a certificate from the State Board of Nurse Examiners".—Ed.

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From Oklahoma.

To the Editor of Trained Nurse:

I would like to know if there is any penalty attached to one wearing a red or blue or white cross on a strap around the arm, as I must find some way of identifying myself in a wild country where a nurse's uniform is unknown, and also as impossible to be worn while travelling, as it would look as much out of place as a décolleté gown worn at breakfast.

For instance, going over a mountain trail on horseback with a guide, or going up to some miner's cabin, where it is easier to attend the sick or injured than to bring them down to hospital. Perhaps one passes through groups of rough workingmen, who, if they know you to be a nurse, would respect you, as they do the Catholic sisterhood. A nurse's pin is too tiny, and many cannot read. What does a nurse's pin mean to the Italian or Mexican laborer; and without any badge one simply "looks to be" a new woman coming into a camp, tired, covered with red dust or the white alkali that covers the desert. Sometimes I am sent to an outlying town of a few hundred people, and here are the instructions given me by the registry sending me: Take such a train going north or south, east or west, and go to a certain town, get off, and a man, or perhaps the doctor who lives in that isolated district, will meet you at the train and convey you to the patient. Well, sometimes there is much trouble and loss of time while you are trying to find the waiting man, and he is looking for a nurse, and the travelling dress you wear (as one told me a short time ago) is a complete disguise. He expected, I think, to see a woman dressed like the pictures of hospital nurses that accompany the sample packages of baby food they receive once in a while. I hope I have made myself clear. I am going within the next year to live down in a border town on the desert, between Mexico and Arizona, where there is no resident nurse, and I must have some badge that will identify me some distance away, and I cannot think of changing my whole wearing apparel. E. N.

(You would not be liable to fine or arrest for wearing any of the insignia you mention, but would suggest to you that out of deference to the Red Cross that you do not use its insignia, which is a red cross on a white ground—but that you use either a blue or green cross on a white ground.—Ed.)



WHICH?

Which of the numerous preparations of iron and manganese has attained the greatest reputation and prestige among the medical men of America?

Which has become the accepted world-wide standard as a readily tolerable and thoroughly efficient hematinic?

Which enjoys "the homage that inferiority pays to merit"—i. e.: universal imitation?

Peplo-Mangan ("Gude")

is of unquestioned and unquestionable value as a hemogenic and reconstituent in Anemia, Chlorosis, Bright's Disease, Marasmic states and General Denutrition.

In original bottles only.
Never sold in bulk.
Samples and literature
upon application.

M. J. BREITENBACH CO.,
New York, U. S. A.

43

BODY-BUILDING

overshadows almost every other detail in the first twelve months of life. Like a trojan every cell is working away, calling insistently for building material in the shape of proper food—food that will lend itself to easy, appropriate conversion into bone, muscle and special tissue. The almost specific value of

Lactated Infant Food

in overcoming inanition and all forms of infantile malnutrition is due solely to its nutritive or body-building properties and ready digestibility. It is not unusual to observe the most decided improvement in the constructive capacity of an infant's body as soon as its diet is changed to LACTATED INFANT FOOD. The reason is plain, for this food supplies not only the right kind but just the right proportions of material for body-building.

IMPORTANT!

Physicians who wish to give LACTATED INFANT FOOD a careful trial may have samples sent direct to patients by forwarding to us names and addresses.

Its intelligent use by countless physicians is in keeping with the growth of the science of dietetics.

WELLS & RICHARDSON CO.
BURLINGTON, VT.

Book Reviews

Hygiene for Nurses, Isabel McIsaac, author of "Primary Nursing Technique," graduate of the Illinois Training School for Nurses, formerly superintendent of the Illinois Training School for Nurses, a trustee of Mercy Hospital, Benton Harbor, Michigan. Price, \$1.25. For sale by Lakeside Publishing Company.

It is impossible to state the object of this book better than it is stated in the preface, the first paragraph of which we transcribe literally.

"PREFACE FOR TEACHERS."

"The object of this compilation is to secure for the young nurse a textbook on hygiene which shall be practical and within the range of her daily work. The standard works upon the subject are written for medical students and practitioners, and embrace an immense amount of information beyond the comprehension of the young pupil nurse, but which she may read and study with profit when she is ready for it, the writer believing that the first-year nurse should be taught what she can assimilate and use, and not what her teachers may wish her to know on a subject when she graduates."

We also transcribe the last two paragraphs of this preface.

"In the following outline for more advanced pupils the hygiene of venereal diseases has been stated in greater detail than the other subjects, as the topic is one which heretofore has been systematically avoided in most schools for nurses.

"The revelations of the American Society of Sanitary and Moral Prophylaxis have brought teachers of nurses as well as the pupils at large to a strong realizing sense of the need of better instruction to nurses, not only for the protection of their patients, but for themselves."

We are thoroughly in sympathy with this idea, and only regret that Miss McIsaac gives nothing but a list of supplementary work for more advanced pupils, while the book itself contains little or nothing on this subject, which if so important to the advanced

pupil should at least be introduced to the beginner. However, taking the book as a whole, it is an interesting work, and one which will, without doubt, find favor among nurses.

Your Child's Health (medical notes for mothers and teachers, school nurses and health visitors), by John Grimshaw, M. D., B. S. (Lond.), D. P. H. (Camb.), M. R. S. (Eng.), etc. With an introduction by Sir James Barr. Price, 60 cents. For sale by Lakeside Publishing Company.

This is an English work, which appeared in July of this year, and is now on sale in this country. While the work is not so attractively gotten up as the average American book, it nevertheless contains a great deal of interesting information of sterling worth.

In its 143 pages it manages to include helpful advice on not only the usual subjects, but finds space to go into such matters as eye strain and spectacles, and many points dealing exclusively with the health of the child at school. This is a splendid book for mothers, and its price—60 cents—brings it within the reach of the masses.

An Aid to Materia Medica, by Robert H. M. Dawbarn, M. D., Professor of Surgery and of Surgical Anatomy, New York Poly-clinic Medical School; Professor of Surgery, Fordham Medical College, New York; Visiting Surgeon to the City Hospital, New York. Fourth edition, revised and enlarged, by Eden V. Delphey, M. D. Price, \$1.75. For sale by Lakeside Publishing Company.

This book is new this year, and supplies the demand created by many nurses who want a materia medica just a little larger and more complete than the materia medicas for nurses in general use. For instance, this is a book of 338 pages, and not very large type at that. It is very complete and up-to-date, containing the newer drugs. It is not meant as a textbook, but as a book of reference, something a graduate nurse might own and use from time to time when in her practise drugs new to her are prescribed and she desires to learn something of them.

How to Gain Flesh

Persons have been known to gain a *pound a day* by taking an ounce of *Scott's Emulsion*. It is strange, but it often happens.

Somehow the ounce produces the pound; it seems to start the digestive machinery going properly, so that the patient is able to digest and absorb his ordinary food which he could not do before, and that is the way the gain is made.

A certain amount of flesh is necessary for health; if you have not got it you can get it by taking

Scott's Emulsion

Send this advertisement, together with name of publication in which it appears, your address and four cents to cover postage, and we will send you a "Complete Handy Atlas of the World."

SCOTT & BOWNE, 409 Pearl St., NEW YORK



Good Nurses and Careful Mothers

are particular about using no other but

MENNEN'S BORATED TALCUM **TOILET POWDER**

because it is freely recommended above all others by physicians everywhere. MENNEN'S is the safest and purest of Toilet Powders. It not only smooths the skin but soothes the skin, not only hides roughness and rawness but heals them. It enables you to easily retain that pleasing appearance of fresh cleanliness.

A positive relief for Chapped Hands and Chafing.

MENNEN'S is put up in non-refillable boxes—"the Box that Lox"—for your protection. Guaranteed under the Food and Drugs Act, June 30, 1906, Serial No. 1542.

For Sale Everywhere, or by Mail for 25 Cents. **SAMPLE FREE**

GERHARD MENNEN CO. - - - Newark, N. J.



In the Nursing World—Continued

New York State Nurses' Association.

The following is the program of the meeting of the N. Y. State Nurses' Association, held at Buffalo, October 20th and 21st:

TUESDAY, OCTOBER 20, 9 A. M.

Registration of members and visitors. Payment of dues.

Call to order.

Invocation, Bishop Berry.

Address of welcome, the Hon. J. N. Adam, Mayor of Buffalo.

Response.

Reading of minutes of last annual meeting.

Report of arrangement committee.

Report of program committee.

Report of Nurse Board of Examiners.

Annual report of secretary.

Annual report of treasurer.

Annual report of standing committees: credentials, by-laws, legislation, press, finance.

Report of delegates to Nurses' Associated Alumnae of the United States for 1908.

Address of president.

Paper, "Work in the Association for Improving the Condition of the Poor." H. G. Franklin, R. N., through the courtesy of Mr. Robert W. Bruere. Discussion.

Paper, "Red Cross Work," Jane M. Pindell, R. N., superintendent New York City Training School.

Report of Training School Inspector, Anna L. Aline, R. N.

Report of nominating committee.

Delegates entertained for afternoon by the nurses of Buffalo.

7:30 P. M.

Call to order.

Paper, "State Registration; What It Has Done and What It Fails to Do," Sophia F. Palmer, R. N., Rochester. Discussion by Miss Nye.

Paper, "Work in Public Schools," Lina L. Rogers, R. N., supervising school nurse, New York City. Discussion.

Paper, "The Nurse as an Educator," Dr. Franklin W. Barrows, Buffalo. Discussion.

WEDNESDAY, OCTOBER 21, 9 A. M.

Superintendents' informal meeting.

Call to order. Roll call. Business.

Paper, "Post-graduate Work in Hospitals," Annie W. Goodrich, R. N., General Superintendent of Training Schools, Bellevue and Allied Hospitals. Discussion.

Paper, "Social Welfare Work," Dr. Lucy Bannister. Discussion.

Polls will be open from 9 A.M. to 1:30 P.M.

2:30 P. M.

Call to order.

Paper, "Hospital Economics," M. Adelaide Nutting, R. N., director of Hospital Economics Course, Teachers' College, New York City. Discussion.

Paper, "Is the Mercenary Spirit Too Much in Evidence Among Nurses; if so, What Is the Remedy?" By Dr. Dewitt G. Wilcox.

Paper, "The Modern Nurse in Surgical Work," Dr. Roswell Park.

Paper, "The Nurse of To-day in Nervous Work," Dr. Putnam. Discussion.

Unfinished business. Report of tellers. Adjournment.

Question box to be in charge of Mabel M. Chase, R. N., Syracuse.

Members are requested to put in form of questions any subject they may wish discussed and place same in the box for that purpose.

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Greenfield, Mass.

Miss Grace Patton and Miss Elizabeth McGowan graduated October 5 from the training school of the Franklin County Public Hospital. The exercises were held in Grinnell Hall. Levi J. Gunn, president of the corporation, presided. The address was given by Rev. Leon J. Brace, of the First Baptist Church. Judge F. M. Thompson presented the diplomas and administered the oath. The benediction was by Rev. C. H. Watson, of the North parish. Miss Clara Louise Strecker sang solos and Francis W. Snow contributed piano solos.

The **'Allenburys' Foods.**

Provide nourishment suited to the needs and digestive powers of the child from birth onward, according to the development of the digestive organs.

The "Allenburys" Milk Food "No. 1"

Designed for use from birth to three months of age, is identical in chemical composition with maternal milk, and is as easy of assimilation. It can therefore be given alternately with the breast, if required, without fear of upsetting the infant.

The "Allenburys" Milk Food "No. 2"

Designed for use from three to six months of age, is similar to "No. 1," but contains in addition a small proportion of maltose, dextrine and the soluble phosphates and albuminoids.

The "Allenburys" Malted Food "No. 3"

Designed for use after the fifth or sixth month, is a partially predigested farinaceous food needing the addition of cows' milk to prepare it for use.

Physicians familiar with the "Allenburys" Series of Infant Foods pronounce this to be the most rational system of artificial feeding yet devised. Their use saves the troublesome and frequently inaccurate modification of milk and is less expensive. Experience proves that children thrive on these Foods better than on any other artificial nourishment

SAMPLE AND CLINICAL REPORTS SENT ON APPLICATION

THE ALLEN & HANBURY'S CO., Limited
TORONTO, CAN. LONDON, ENG. NIAGARA FALLS, N. Y.

A Drink in Fevers

A teaspoon of **Horsford's Acid Phosphate** added to a glass of cold water makes a cooling and refreshing acidulous drink for the patient during convalescence from typhoid and other febrile conditions.

Its superiority over Dilute Phosphoric Acid, or any other acid, is due to the fact that it contains the phosphates of calcium, sodium, magnesium and iron, which means increased nutrition.

Horsford's Acid Phosphate

is more palatable and strengthening than lemonade, lime juice or any other acidulous drink.

RUMFORD CHEMICAL WORKS, Providence, R. I.

New Remedies and Appliances

Makes Any Desired Curl or Wave.

Any wave or curl, from the old style Colonial coiffure to the chic Marcel Wave, is secured in a few minutes with the West Electric Hair Curler, which curls or waves the hair without the application of heat.

+

Severe Bronchitis Cured.

Case 3—B. E., aged twenty-six. Severe bronchitis accompanying an attack of influenza. Glyco-Heroin (Smith) was given in teaspoonful doses every three hours. In a short time decided relief was obtained and the cough stopped permanently.

ARTHUR B. SMITH, M. D.

Springfield, Ohio.

+

Every One Likes It.

January 2, 1908.

Ogden & Shimer:

Gentlemen—I liked the sample of Mystic Cream very much and now wish to order a 25 cent jar, as per your ad. in THE TRAINED NURSE. Enclosed find stamps.

MRS. ANNA R. BUTTER,

Culbertson, Mont.

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Why Suffer?

Persons suffering with heart disease, chronic rheumatic and gouty affections and neurasthenia will derive much benefit from a course of carbonated baths prepared with the Effervescent Triton Bath Salts. They stimulate the cutaneous circulation, relieve congestion of the internal organs and exercise a tonic effect upon the nervous system.

+

Pharmacological Insurance.

The physician who prescribes Gray's Glycerine Tonic Comp., in original bottles, knows that he is getting a product representing quality, uniformity and therapeutic efficiency. The definite responsibility of a reputable firm always insures reliability, and the manufacturers of Gray's Glycerine Tonic Comp. are proud of the faith they have kept with the medical profession.

Baker's Chocolate in Alaska.

On returning from a trip to Alaska some time ago an intrepid traveler wrote: "It may be of interest to you [Walter Baker & Co.] to know that while on the toughest mountain trail one of my partners and myself ate nothing from breakfast till supper but your chocolate. We ate about one ounce only at a time, and finished the day in better shape than those who ate the usual hearty lunch."

+

Packer's Tar Soap.

Experience has shown that it exerts an especially beneficial action on the skin and scalp. It is a pure soap, specially combined with pine-tar and glycerine, and contains no free alkali. All its constituents are of the highest grade obtainable. The oils are sweet and wholesome, the pine-tar specially prepared and the glycerine is chemically pure. Packer's Tar Soap is, therefore, an admirable cleansing agent in health and also useful in many morbid conditions of the skin.

+

Chinosol.

In chinosol we possess a most remarkable substance—powerfully antiseptic and germicidal and yet non-toxic. We cannot think of any other substance that is much stronger in antiseptic power than carbolic acid and at least as strong as bichloride of mercury (corrosive sublimate) and still possesses practically no toxic properties, and can be given internally in doses of 15 and 30 grains and over. Have you tried it? If not, you are missing something.

+

In Neuralgic Dysmenorrhea.

The woman's general condition has an intimate relation with her suffering, and in treatment should receive its full share of attention. Many women frequently state that they suffer only when run down, overworked or nervous and worried. A leading physician states in regard to this condition: "I have seen menstrual suffering, if not entirely cured, at least much lessened by the building up of

The Dangers of Cow's Milk

THE recent epidemic of Scarlet Fever in Chicago has awakened the whole country to the grave danger lurking in the Milk Supply of our large cities. Wherever milk is used that has not been properly safeguarded from the cow to the consumer, the infant mortality will always be high.

Coincident with the Chicago Epidemic there comes a Report of the British Royal Commission on Tuberculosis. After five years' investigation, the Commission confirms the theory of Von Behring, that the tuberculosis of cows is a constant menace to the human race, and that consumption developed in later life has often been contracted in infancy from tuberculous milk.

Nestlé's Food

does not require the addition of milk in preparing it for use, as it is a complete diet in itself. The basis of Nestlé's Food is cow's milk, so treated and modified that it will be easily digested, and will resemble mother's milk in its composition, as closely as possible. The milk supplied to the Nestlé Factories is collected under the most rigid precautions, from cows that are under the constant supervision of the Company's Veterinarians. Furthermore, the process of manufacture completely sterilizes the milk. This is fully set forth in our pamphlet, "Recent Work in Infant Feeding." A copy of this, with samples of Nestlé's Food, we will be glad to send to any physician.

HENRI NESTLÉ, 72 Warren St., New York.

FALL CLASSES IN MASSAGE

THE SYSTEM YOU WILL EVENTUALLY LEARN

Swedish Movements, Medical and Orthopaedic Gymnastics

Term: 3 Months Tuition Fee, \$75.00

Course in Electro-Therapy

Term: 2 Months Tuition Fee, \$25.00

Course in Hydro-Therapy in all its Forms

Term: 6 Weeks Tuition Fee, \$30.00

SECOND SECTION OF OUR FALL CLASS OPENS NOV. 18, '08

7844 TREATMENTS GIVEN IN 1907

No Better Clinical Experience Possible

All courses may be commenced at the same time and finished within three months. The instruction consists of daily clinical work and practical lessons on patients referred to our clinics from the various Hospital Dispensaries. Original Swedish (Ling) system, and Weir Mitchell's Rest-Cure system. All pupils attend clinics at several city hospitals. Separate male and female classes. Payments can be made to suit your convenience. Particulars and illustrated booklet on Massage upon request. An early application for admission is advisable.

INSTRUCTORS

T. D. TAGGART, M.D. (Jefferson Med. College).

WM. ERWIN, M.D. (Hahnemann and Rush Med. Col.)

FRANK B. BAIRD, M.D. (Univ. Pennsylvania).

MAX J. WALTER (Royal Univ., Breslau, Germany, and lecturer to St. Joseph's, St. Mary's, Mount Sinai and W. Phila. Hosp. for Women, Cooper Hosp., etc.).

HELENE BONSENDORFF (Gymnastic Institute, Stockholm, Sweden).

LILLIE H. MARSHALL } (Pennsylvania Orthopaedic Institute).

EDITH W. KNIGHT

MARGARET A. ZABEL (German Hospital, Philadelphia, Penna. Orthopaedic Institute).

WM. H. MONTGOMERY (Penna. Orthop. Inst.)

Pennsylvania Orthopaedic Institute and School of Mechano-Therapy (Incorporated)

1711 Green Street, PHILADELPHIA, PA.

MAX J. WALTER, Superintendent

a generally run-down system." Pepto-Mangan (Gude), a chalybeate tonic of tested merit, has proven of inestimable value in rebuilding run-down condition of the general system.

+

Magnified Milk.

Many are not aware that several of those substances which appear the most brilliantly white to the naked eye lose their color entirely when placed under a magnifying glass. This is true of milk. All the whiteness disappears, and the glass shows a clear liquid like water in which float abundant round drops of fat colored perhaps a faint yellow.

One of our famous remedies, Scott's Emulsion of pure cod liver oil, when placed under the glass loses its white color and gives an appearance closely resembling milk, only far richer in the fat droplets.

+

Lactated Infant Food.

The Wells & Richardson Company reports that the use of Lactated Infant Food in hospitals has increased enormously, and this without any special hospital work on their part. Lactated Infant Food contains milk sugar, wheat, barley malt, lime phosphate, combined in such proportions that the baby's stomach can digest it with perfect ease and readiness. All the food elements necessary for the physiological growth and development of the child are found in Lactated Infant Food. Full description and testimonials of discriminating physicians will be sent to any physician on request.

+

Diet in Typhoid.

As the successful treatment of typhoid is largely a matter of diet, we deem it opportune to direct attention to the successful use of Horlick's Malted Milk for many years in this prevalent disease. There is sufficient malted cereal nourishment combined with pure milk in the manufacture of Horlick's Malted Milk to ensure a food for these patients that is agreeable, easily assimilated, and that supports the strength without any danger of setting up complications. The casein of the milk is sufficiently predigested to form fine, flocculent curds in the stomach, and can be served in the form of different delicious food-drinks that add much to the comfort of the invalid and in hastening convalescence.

Resinol Soap.

The medication contained in this soap is similar to that of the Resinol Ointment, which is now recognized as the best and most healing preparation for the skin ever produced. Resinol Soap will be found to keep the skin in a thoroughly healthy condition, preventing and healing acne (that unsightly and disfiguring disease commonly known as blackheads, comedones, pimples, etc.), chapped hands, fissures, sting of insects, chafing, feter of feet, etc. And, used regularly, will prevent the recurrence of eczematous and other skin troubles to which many persons are liable.

+

Junketing.

In olden times from Londontown
Gay folks to Devonshire went down,
To get their dainty "Curds and Whey;"
They went a "Junketing," you see.

But nowadays, with greatest ease,
You make a Junket that will please
The most refined, fastidious taste,
Without your precious time to waste.

No longer is there need to roam,
You get your Junket right at home.
A quart of milk will Junket quick,
Chris. Hansen's Tablets do the trick.

+

Mosquito Bites.

I found that a combination of the fixed aromatics, viz.: menthol, thymol, etc., with alkalis, give quick relief. While looking for a combination of this nature, my attention was called to Tyree's Antiseptic Powder, a combination of sodium borate, alum, glycerin, carbolic acid and the crystalline principles of thyme, eucalyptus, gaultheria and menthae, which has the advantage over the extemporaneous mixtures of being always uniform, easily soluble and readily miscible with talcum without grittiness. When indicated as a dusting powder, a 10 per cent mixture of Tyree's Antiseptic Powder in talcum, dusted on the exposed parts of the body, will keep mosquitoes at a safe distance, or a solution of one or two teaspoonfuls to a pint of water forms an unsurpassed lotion for the same purpose. This liquid also sprayed about rooms will materially aid in keeping them away.—J. E. TRAUB, M. D., St. Luke's Hospital, New York City.



*The sweet heart of
the corn*

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The Publisher's Desk

The Trained Nurse and Hospital Review

A Monthly Magazine Devoted to Trained Nursing in Private Practice and in the Hospitals of the Country

Editor

ANNETTE SUMNER ROSE

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No. 6

The Lord of Work Who Is God*

ALGERNON T. BRISTOW, M.D.

THE highest efficiency in the world results from the ability to do the greatest amount of work with the least amount of effort; but this does not imply that the man or woman who with great effort accomplishes results which others accomplish with less, lacks efficiency. Neither are we to infer that the ability to do efficient work with ease necessarily implies that the work will be done. It is, unfortunately, by no means true that those who are capable of giving efficient work to the world have also the will to do so. Selfish reasons too often intervene. It is not always the man with one talent who buries it; sometimes the man with five takes to the spade too, and allows a natural indolence to bury a useful and perhaps a brilliant career in oblivion. It is when the trained mind and the disciplined will work together in harmony that Society reaps the reward of the highest efficiency from the individual. Great natural aptitude—sometimes called genius—rarely accomplishes much unless joined with a genius for hard work; and this implies a will bent to continuous and self-sacrificing effort. Training, however, not only increases natural efficiency, but creates efficiency where it did not before exist. As it is possible to train the hand

and develop an artisan, and to train the mind and develop a scholar, so, also, it is not only possible, but also necessary, to develop the will, and so to strengthen it that the mental and physical machine which has been built up with great expenditure of time and labor may do the work for which it has been planned. Education which imparts knowledge, without training the individual to concentrated and continuous effort, misses the mark. The ability to do, without the will to do, marks the most hopeless of all failures. We may excuse the man or woman who has had no training, when they fail. What can we say in extenuation of one who has had the training, yet lacks the force of character which alone can make that training useful to the world?

Young Ladies of the Graduating Class, what has the hospital done for you? It has trained your hand to do your work deftly. It has trained your eyes and ears to keen observation. But is this all? Or, have you added to the different qualities which go to make up the trained nurse, that subtle something which we call character, lacking which, you will fall far short of even ordinarily good work? Doubtless you will all earn a living. But do you think that the whole end of life is

*An address to the graduating class of W. W. Backus Hospital, Norwich, Conn. Contributed to The Trained Nurse.

to put food into your mouth and to dress in fine raiment? I tell you the man or woman who enters a professional career with mind bent only on its emoluments—who regards the things which are of Earth, earthy, and never lifts the eyes heavenward where shine the eternal stars, misses the highest reward of labor. What, then, is the highest reward of labor? Especially labor such as yours and mine? Is it not the sublime consciousness that we are doing work of the highest importance for Society, that we are healing the sick and smoothing the pillow of the dying? In comparison with that, what avails the mere fee? It is, to be sure, very necessary; yet, as Ruskin says in "The Crown of Wild Olives", "With brave people work is first, the fee second. : : : : : If your work is first with you, and your fee second, work is your master and the lord of work who is God. But if your Fee is first with you and your work second, Fee is your master and the lord of Fee who is the Devil. Work first, you are God's servants; Fee first, you are the fiend's." These are trenchant words, and cut to the marrow, but they have many times been an inspiration to me, and I trust they may be to you. If you treasure these words of one of the great prophets and seers of our times, you will find that you will become independent of many of the petty annoyances and trials of your profession; but if you look upon your profession merely as a means of livelihood, you will, long before the afternoon of your work, be weary and heartsick. Believe me, the pathway to peace is not in self-seeking, but in living and working for others. Riches do not bring happiness; nor does Fame, nor the applause of men. These things of themselves are but Dead Sea fruit which crumble into dust

in the mouth of thirst. There is no satisfaction in life like that which comes to us from the consciousness of work well done. "I have fought the good fight" was the pean of the Apostle to the Gentiles when he felt that his life work was drawing to a close. Do you suppose he was thinking then of the money he made at tent-making?

I have spoken of the annoyances and trials which you will meet in your profession now that you are leaving the hospital to engage in private duty. They will not be few, and you will need both self-control and a serene mind if you are to rise superior to them. You are going to meet with all sorts and conditions of people whose whims you must humor, and whose prejudices you must respect or ignore. While you were in the hospital, your patients were compelled to accept your services, whether they liked you or not; they had to have you. It is not so in private practice. You will need serenity of mind, and that poise and adaptability which is called tact; and these qualities are, after all, the result, or ought to be, of the training you have had in the years of stress and trial in the hospital.

But I hope that the hospital has done more for you than all these things of which I have been speaking. I hope while you have been laboring in the wards, that you have been touched with the helplessness of the sick, and the pathos of sickness and poverty. If, on the contrary, the harsh experiences of a nurse's life have hardened your heart, I am sorry for your patients, but still more sorry for you. Your patients will have to live with you and endure your want of sympathy and lack of tenderness for but a short time; but you will have yourself for a companion always. And let me tell you, there is no grimmer inmate of the human

breast than a heart which has hardened itself to suffering or poverty or despair. From its dark chambers wells ever more a bitter tide of unrest instead of the sweet waters of happiness and peace. The embittered soul is not the one who is working for others, nor will the waters of Marah ever overwhelm the man or woman whose heart is filled with love and the spirit of self-sacrifice.

In your future career, much is going to depend on the manner in which you use the knowledge you have gained in the hospital. Your lot will be cast among the helpless, always; and often you will be surrounded by incompetence, disorder, even squalor. Here you will need another quality to guide you and give direction to your own efficiency—I mean righteousness. Will you take advantage of ignorance to your own profit and the hurt of others? Think of all the hideous wrong and oppression which has sprung from the tyranny of efficiency over helpless inefficiency. Every revolution the world has ever seen has had its roots in that dark swamp. If righteousness and efficiency always went hand in hand, would our jails be full of criminals, our poor-houses crowded with vicious or unfortunate paupers, our insane asylums overflowing with a flood tide of wreckage from the savage struggle which we are pleased to call civilization? Would the night air be affrighted with the exceeding bitter cry of women and little children worked beyond their strength to keep alive the mere spark of life? What we need in this day and generation in the high-pressure struggle for existence which breaks down strong men and kills women and children, what the world has always needed, is the combination of power with righteousness; and if we are floundering towards the dismal swamps which have

engulfed the civilizations of the past, it is because our great combinations have been vast but misdirected concentrations of energy which have crushed humanity instead of uplifting it. But what can we do, with our feeble hands and single arm, to stay the progress of this Juggernaut of to-day? All that we can do is to play our part well and nobly and with high resolve. Let us, at least, in our life-work, yoke together the power and efficiency of high training, the keenness of our intellect with that righteousness which is from on high. If you do that, it will be impossible for you ever to degenerate into the paid hireling, anxious only for her own wage and her own comfort. A nice easy case, a rocking chair, a comfortable fire, and a good book—a sort of etherealized Sairy Gamp, to whom her patients are cases instead of suffering human beings, calling not only for bodily care but tenderness, patience and sympathy.

If misdirected energy is responsible for many cruelties in our civilization, so also is inefficient goodness responsible for many avoidable trials. Some people call such trials discipline. No doubt they make for a sort of flabby patience which is sometimes miscalled resignation. Remember, however, that we have a right to resignation only against the trials which we cannot help. We may regret our faults and their consequences. We ought never to be resigned to either, for if we are, we shall certainly never mend.

You will meet many such people in your practice. Emulate their goodness, but not their weakness. Take my word for it, there are no people who will make such demands on your patience and in whose behalf you will need the tender heart and the firm will. New England saints are sometimes very exasperating.

There is another thing of which I wish

to remind you. Do not suppose, in your private work, that you are going to be concerned with the patient alone. It was in the hospital that you had to treat only the patient. In the home, you will have the family on your hands as well; and oftentimes they will require more treatment than the patient. You will have to call to your aid all the Christian virtues, and then you will not have quite enough. However, patience, tact and firmness will guide you through many perplexities and trying situations.

I sometimes think that, on occasions like this, we get into the habit of addressing our remarks entirely to the graduating class, as if, indeed, they needed all the advice and the rest of us none at all. And so, to-night, I mean to address a word or two to the public on behalf of the nurse herself. I do not believe that they always receive the consideration to which they are entitled. I have sometimes been asked by people of means whether a nurse wasn't expected to perform twenty-four-hour duty, and I have always replied that I have never known a nurse unwilling to exert herself to the utmost when occasion demanded, but that an overworked nurse was an incapable nurse. It is a singular fact, however, that some women will join an association for providing working girls with seats in the department stores, and express horror at the fact that the hours are so long; and yet be quite willing to work a nurse all day and all night too. I sometimes think that some women, at least, treat nurses and horses alike—they overdrive the one,

and overwork the other. Let me remind you, however, that an overworked and exhausted nurse can never do very good work, no matter how high her aims or unselfish and fine her character—for there is a limit to the endurance of the nurse, though the public are unwilling to believe it; I am not at all sure, also, that many superintendents of training schools do not need to be taught the same lesson.

I hope in the future, that the hospital will recognize that much unnecessary hardship and not a little injustice has been done to the pupil nurse. If eight hours' work is enough for the man, eight hours' work is enough for a woman too. Some of you, I know, are not strangers to my opinion on this point.

And now, I wish to say a word of congratulation to the young women who are leaving the hospital to-night to launch forth upon their life's work. I need not remind you of all your trials and tribulations and the three years of incessant toil which now lie behind you. You have my good wishes. The medical profession are indebted to the trained nurse and to her faithfulness for the power to do their own best work. We owe you a debt of gratitude which we cheerfully acknowledge. To you we look for the trained hand, the trained mind, the disciplined will, and the tender heart. When to these qualities you bring the high and lofty incentive which righteousness and personal character represent, then shall men and women rise up and call you blessed, and the gratitude and affection of the suffering and afflicted shall be yours.



A Question in Ethics

M. M. TAYLOR.

A MOST troublesome question among nurses is this: To what extent is one to follow the instructions given by a physician, when she is convinced in her own mind that such instructions are harmful? What is the proper course to pursue in such a case?

We are taught, and rightly, that under no circumstances must we criticise our doctors; and we know that it is not the duty of a nurse to decide as to a doctor's proficiency. We have not been taught to look at cases from the viewpoint of a doctor; we have seen the work of comparatively few physicians; we are often prejudiced in favor of "the way they did in our hospital"; we have sometimes to learn that a thing may be done in different ways with equally good results; that the methods of our favorite doctor are not necessarily perfect; and that after all, a nurse's opinions do not carry much weight.

It is a regrettable fact that there are doctors with poor judgment and with little knowledge of their profession. Also there are unprincipled and careless men. There are men who are dissipated and who even make professional visits when under the influence of liquor or drugs. Fortunately, these are the exceptions, but for that reason the more does a nurse find it difficult to know what to do. Nurses are supposed to "observe, not to think," but a nurse is after all not a machine, and may even be capable of real thinking. Three years spent in a hospital have given her much actual experience with diseased conditions and the results of treatment and medication. It is more-over possible that she may have seen

more along a certain line than a doctor whose practice in this particular class of cases has been limited. Why then may she not sometimes be competent to judge of a physician and his work?

It is, as a rule, the better doctors who trust nurses most and who do not question the details of their work providing the results are satisfactory; but there are men—and we encounter them most often in desperate cases—who insist upon having things done which are unwise, in ways which are unwise; who leave nothing to the skill or judgment of the nurse, and who make her in a sense a party to their own bad judgment. Many a time, I am sure, has a nurse asked herself very solemnly: "Did I do right in carrying out the instructions which have proved so disastrous?"

To come to a few concrete instances: I was once sent to a small town as second nurse on a case of typhoid. I found the nurse in charge giving temperature baths to a very sick patient, using no rubber sheet for this work and consequently not enough water to do much good. She was getting little or no result. I asked that a mackintosh be procured, and was told that the doctor objected to one being used. My baths were therefore not much more effectual than hers.

The patient had diarrhœa. His medication consisted of a tablet every two hours (Strychnia, 1-30 gr.), a liquid medicine which I learned contained morphine, and an ounce of whiskey every three hours. Six ounces of milk was to be given every two hours, champagne and liquid peptonoids between times. The quality of the nourishment and medica-

tion was good enough, had we been allowed to use some judgment in giving it. We were required, however, to follow specific directions, and so only succeeded in worrying and nauseating our patient.

This case did not recover, and it has always seemed to me that it was a needless sacrifice of a life. Had I entered any protest to the doctor, it would have done no good; and had I left the case, it would only have added to the troubles of an already upset and anxious household.

On another occasion I was called to a case of vomiting in pregnancy. The case was treated wholly by morphine given hypodermically. The patient was kept completely under the influence of the drug, instructions being left to give it whenever she—to use the doctor's own expression—"wiggled a toe." The patient died four days after I took the case. I saw upon the death certificate the immediate cause of death given as "exhaustion." During the time which I was there, no attempt was made to relieve her condition nor to combat the exhaustion.

I have a number of times seen bad perineal lacerations which any one with the least knowledge of anatomy could see had severed the muscle. The doctor in charge of the case simply sewed the edges of the skin and mucous membrane together, making not the slightest attempt to catch the deeper tissues. I felt that in these instances something should have been said to both doctor and patient.

I remember a case of infection following a normal delivery, plainly the doctor's fault. The nurse, after waiting until the patient was desperately ill and the treatment was proving ineffectual, advised that consultation be called. This resulted in the discharge of the physician who was treating the case, and in the employment of the consultant. The patient escaped

by a hair's breadth. This nurse did an unprofessional thing, but she saved a life by doing it.

I have, upon certain occasions, been ordered to give treatments which accomplished nothing, and which seemed only to add to the torture of the patient. I have given nutrient enemata when there was no hope or possibility of their being retained. I have given medicines for nausea when every drop added to the trouble already present. I have given stimulants to patients whose death was unquestionably hastened, if not actually caused, by the enormous doses of poisonous alkaloids. I have, in many of these instances, felt confident that I could have had some measure of success had I been allowed to use the least part of the skill and judgment which I was kept three years in the hospital to acquire.

In such circumstances, one must usually meet each case as it comes and do whatever is in one's judgment best at the time. It will be found sometimes that a few plain statements to the doctor will bring excellent results; but it is not every doctor to whom a nurse can talk frankly and freely.

It is universally conceded that if a nurse finds herself working with a doctor who is unworthy of her respect, and if she has made up her mind that he is incapable, she should leave the case and avoid a repetition of the circumstance. Yet in instances where her leaving would work a hardship to the patient or to his family, it is right for her to remain and do the best she can with what tact and judgment she possesses. If asked her opinion of the doctor or his work, she must simply evade the question and avoid committing herself in any way. I feel that there are times when a nurse is justified in telling the whole truth to the

friends of the patient, but these cases should be very rare.

When she encounters rank incompetency on the part of the physician, and a nurse sees a life being sacrificed needlessly to bad judgment, timidity, or overzealousness, then it is hard to give advice. The least objectionable thing she can do is to suggest that consultation be had. She should not, however, take the responsibility of naming the consultant.

To a woman occupying a hospital position this matter is most difficult. Many

hospitals, especially in the West, are open to "any reputable physician." This gives the nurses a broader training, but it amounts in some instances to bad training. What then is to be done when a doctor insists upon things which you have taught your nurses is absolutely wrong? A wise silence is the only possible course, leaving your pupils to draw whatever conclusions they can. If many cases of the sort occur, the matter should unquestionably be brought before the hospital board and left for them to deal with.

Practical Points

A well-known superintendent of a hospital for the insane has said that "the best physical means for recuperating the worn and wasted systems of the insane may be summed up in three words—heat, milk and rest, but the greatest of these is rest."

To remove rust from steel instruments place them over night in a saturated solution of zinc chloride. On removal the next day they should be rinsed in cold water, placed in a hot soda and soap solution and dried.

An eminent German physician has stated that more typhoid fever has been carried about in the leaves of lettuce, radishes, cress, tomatoes, cabbage—used for cold slaw—and similar raw vegetables, than in any other way except by drinking water. He modifies the statement by saying that the danger is that polluted water is used for cleansing the raw vegetable, while great pains is taken to boil suspected water used for drinking purposes. Occasionally infection has been traced to the fertilizing material applied to the soil in which vegetables have

grown, and all such vegetables are exposed to infection from the dust and dirt of the street. Cooking vegetables will destroy all such germs. Housewives should be warned of this danger, where there is reason to suspect that a water supply is unsafe.

A method of disguising the taste of castor oil in a certain hospital is as follows: A powder composed of gum arabic, liquorice and sugar of milk, flavored with vanilla, is made. A small amount of the powder shaken with a little water produces a persistent froth, which forms an effective disguise.

In preparing the patient's meals the little individual crockery baking dishes, which can be purchased for a nickel, can be used to advantage in preparing bits of left-over chicken, fish, rice and many vegetables.

The night nurse, who expects to go promptly to sleep in the morning, should not indulge in either tea or coffee at breakfast, and should arrange to take her outdoor exercise after sleeping hours rather than before.

Economic Hospital Management*

M. G.,

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IN this paper we are considering, briefly, but one of the many branches of our subject, the one relating mainly to the housekeeping of a hospital, which is a very important part of its administration, requiring of those in charge talent of no mean order, including the ability to manage, without fear, fuss or favor, different classes of people, in connection with a keen sense of justice and power of close observation. Experience teaches that the perfection of a hospital, which is a costly, complicated mechanism, depends on the nicety of the adaptation of its different parts, each having a relation to all and working together for its one great object, the alleviation and cure of disease.

The organization of a hospital, of which there are many forms, has such a direct bearing on its economic administration that we, briefly, notice these points in passing: The chief executive officer, commonly designated the superintendent, should have general management of all the affairs of the hospital. His aim should be to adjust the many complicated relations and bring them into harmony, combining all forces for the advancement of the best interests of the patients. All the different departments should radiate from the superintendent in such a manner that no two subordinate officials can conflict with each other without its being within his province to adjust the difficulty.

He should never fail to give to his controlling board of managers that devotion and loyalty which he expects to receive

from his subordinates, and the said board should loyally support the superintendent in his work.

The administration of the hospital housekeeping is of the greatest importance, requiring as it does the full and complete co-ordination of all officers and employees, if the desired result is to be attained. When one considers that this branch of hospital business includes: The care of the building and its furnishings; the care and use of plumbing; the heating, lighting and ventilation; the buying and distribution of all supplies; the selection, preparation and serving of food; the operation of the laundry, it is more readily understood why it is of so much importance.

In most hospitals, the necessity of living within a stated income and the constantly increasing cost of maintenance make the question of economy in its truest sense, what it means, and how it may be most advantageously used, an all-important one. It has been said: "Economy no more means saving than it means spending." It does mean, in the administration of an institution, the saving or expenditure, whether of money, time or effort, to the best possible advantage.

In the exercise of economy, two facts must be taken into consideration: First, the tendency to extravagance, seen everywhere and among all classes of people; and the prevention of waste as a duty.

The tendency to extravagance, when pertaining to hospital work, is a habit easily formed; partly because it is easy to drift into the unnecessary use of sup-

*This article was written from the point of view of State hospitals for the insane.

plies of all kinds in every department, and partly because those who do the work, too often, give little or no thought or attention as to how supplies are obtained, knowing little, and often caring less, of the cost.

It is, sometimes, a matter of surprise what a decrease can be brought about by renewed supervision without making any change in the activity of the service, or less care and comfort for the patients.

With the use and care of many supplies, nurses and attendants are directly concerned; with the purchase of these supplies, they are not so much interested, that being the province of the steward; but, as has often been proved that the best is the cheapest, the importance of much experience and foresight, with a knowledge of quantity and quality and use of specified articles, is a necessary qualification of the steward who has the twofold duty of keeping down current expenses while doing the important work of supplying every legitimate need.

While provision must be made for all emergencies, it is, sometimes, a wise policy which necessitates, occasionally, a cutting down in quantities issued, because it will bring about a more careful handling of supplies. Regarding the distribution of supplies, there should be some thorough system of issuing and accounting for the same enforced. Requisitions should be approved by some responsible official before presentation to the storekeeper. The plan of exchanging broken or worn-out articles for new ones is an excellent one where closely followed, causing, as it does, a much closer observance of what becomes of all articles subject to such exchange.

The number permitted to make out requisitions should be limited, making closer supervision an easy matter, and all

permitted to order supplies should exercise judgment and common sense in so doing. Because one's requisitions may be honored is no reason for making extravagant demands on the storeroom. The one who is careless and indifferent in making out orders will invariably exhibit the same traits in the use and care of such supplies if issued by the storekeeper.

Each ward of a hospital may be considered a household in itself, for the management of which the nurse in charge is directly responsible, and it is the shirking of this responsibility in deed, while assuming it in name, that causes much neglect, for the assistants in any department are not apt to be more thorough or have a higher conception of duty than the one in charge, who should remember that "the great art in commanding is to take a fair share of the work." To the one in charge belongs the responsibility of keeping the ward and its furnishings in perfect order. The prompt reporting of all matters connected with plumbing, heating and lighting not in proper order will often save much discomfort and expense. Lights should not be left burning when not needed. Much attention should be given to proper ventilation; advantage should be taken of all means at hand for ventilating, whether natural or artificial. It is important that all flues and registers be kept free from dirt or trash of any kind. It seems unnecessary to speak of the great need of the utmost cleanliness and proper use of disinfectants. Sometimes, in order to avoid having the required amount of thorough cleaning done, disinfectants have been used merely as odorants, the province of disinfectants entirely lost sight of, resulting in waste of expensive materials. Any defacing of walls, woodwork or furniture, or des-

truction of bedding or clothing should be immediately observed and measures taken to prevent its continuance. Proper care in this respect will prevent the necessity of much expensive repairing and replacing of damaged and destroyed articles. The necessary care of clothing in the wards is no small task. Every article of clothing should be properly marked before it is put in use. Personal clothing should always be marked with the owner's correct name; often the different forms of the same name are used, causing much unnecessary confusion, as well as work, in tracing such improperly marked articles from ward to ward. When clothing is returned from the laundry, it should be promptly and properly put away, any repairing needed being attended to first. If systematic care is taken, there will be no trouble in accounting for all personal and ward property at any time.

One of the most common channels for waste, and also opportunity for practice of economy, is in the matter of food. To quote from the National Hospital Record, "The first place in which all the scientific knowledge of food, as a remedial agent, should be known, is in the hospital kitchen."

However fully one, when ill, may be sustained for a time on the products of the chemist, it is of the utmost importance in the final recovery of the sick that they desire and receive natural food, properly prepared, attractively served, and in sufficient quantity to aid in rebuilding lost and wasted tissues. Too much importance cannot be attached to an intelligent knowledge of the comparative values of different foods, the selection of the most nutritious while most digestible, and at all times of the best known methods of preparation. The

nurse possessed of this knowledge and having the ability to make proper use of it has, other qualifications being equal, every assurance of marked success in an honorable calling.

Food cooked and served in large quantities, with no thought as to character and amount, and with little or no desire that it should be palatable, nourishing and of sufficient variety, is undoubtedly a source of waste in hospitals. Where intelligent thought and care are given to this department, the expenditure of much less money for food supplies will be required, to say nothing of increased satisfaction in other ways.

Nurses are more directly concerned with the serving than the supplying or preparation of food, with which they have practically nothing to do. It often seems very hard to put in practical use theoretical knowledge, and nowhere is this more clearly shown than in the matter of serving food. Theoretically, nurses are taught how much depends on the serving of food; how trays should be neatly and attractively prepared, and that the whole question is one of sufficient importance for the careful oversight of the head nurse. Practically, too often is such work delegated to a probationer, who, with the assistance of patients, does the most of it. Patients on "light diet" are given regular trays because some one "forgot," even though the order was a written one. No attention is paid to returned trays, no note made of untasted food and the next meal these particular trays are prepared with the same amount as before, so that waste here is constant. There may be times when, owing to a reduced nursing force, meals are carelessly and hurriedly served; but, oftener, poor serving is due to lack of systematic and careful management of those in charge.

The only remedy to be suggested in this matter of food serving is closer supervision from those in charge, more time taken in which to do it, together with an intelligent interest in and knowledge of the patient's needs; at the same time recognizing that this wilful waste is a direct abuse of a public charity, as well as showing an inexcusable ignorance of true economy. How far economy should be practised in the use of bed linen is rather a hard matter to state in definite terms. Frequent changing of bedding, even when not absolutely necessary, adds greatly to the comfort of the unfortunate patient compelled to remain in bed. There is no doubt that beds used only at night are often changed unnecessarily. But there is so much room here for the exercise of good judgment and common sense that it would seem better to train and develop these qualities than to establish hard and fast rules for the changing of beds at stated times.

The laundry is a very essential department in hospital management. Even though its operation may seem to be in the background, its results are very much in evidence and failure in laundry work means the handicapping of other departments. The wards may have enough of bedding, clothing, etc., to meet all demands, but if a large part of the supply is piled up in the laundry, linen closets and clothes rooms correspondingly empty, the proper care of patients is very much hindered. This department, to give satisfaction, should be in charge of a competent manager, one who has ability to secure, from unskilled help, good service; and who has enough knowledge of the work in other departments so that important work may be done without delay and articles in constant demand be

promptly returned. In a properly managed laundry there is no need for the partial or complete destruction of articles of clothing or loss of smaller pieces, as cuffs, ties, etc. On the other hand, perfection in a crowded hospital laundry would be much nearer attainment if other departments considered the difficulties under which the manager labors, and did not unnecessarily increase the work by careless and improper management in these departments. One item in laundry work would be much lessened, if the old custom of removing counterpanes at night and placing them beyond the reach of excited and disorderly patients were strictly observed. It not only makes unnecessary work to be continually laundering counterpanes, but materially lessens their term of usefulness.

Blankets should not be laundered except when absolutely necessary. To successfully launder woolen blankets requires more time and care than is usually given in the ordinary institutional laundry. Thorough airing in open air often serves the same purpose as washing, and it would be wiser to resort to such means than to have to use hard, shrunken blankets. In cases where all bedding must be continually laundered, blankets partly cotton give better service than all wool ones. In regard to personal laundry, hospital employees should not expect to have fussy or fancy garments laundered, for institutional laundries rarely have the capacity for any large amount of this kind of work.

The care and use of rubber goods is another source of economy or extravagance, just as nurses will it. Rubber sheets should always be cleaned and disinfected in the wards. To send these articles to the laundry very soon ends their usefulness, and as they are rather

expensive, it is worth while to take proper care of them.

There is much carelessness in the use of ice caps, hot water bottles and syringes. All such articles should be carefully cleaned immediately after use and properly put away. Neatly made covers for hot water bottles are much more satisfactory than placing dependence on cloths pinned on, running the risk of perforating the rubber and having a leaking bag on one's hands. Syringes should be well cared for, not only for their preservation, but to prevent any risk of infection from their use. All rubber goods are more or less expensive and rather short-lived with the best of care, so that supplying them materially adds to ward expenses and makes their proper care an economic necessity.

Supplies of cotton, gauze and adhesive in wards should never be left lying around loose and unprotected, as such supplies are thus rendered unfit for use. Sometimes much smaller supplies of such articles might be provided without detriment to welfare of patients.

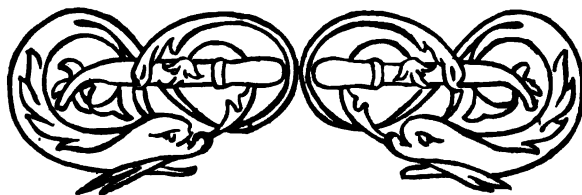
Medicines refused or discontinued should not be kept in wards, but be promptly returned to drug room for final disposal.

Then, again, the misappropriation of articles for other than their legitimate use is another source of waste which is always inexcusable. Using good blankets for polishing oiled floors, as is too often done, is a reckless extravagance, especially so in institutions where destructive patients furnish abundant ma-

terial for all such purposes; destructiveness which may not always be preventable, but which proper care and watchfulness will lessen very much. Pillowcases, towels and napkins used for dusting and other cleaning, and then, perhaps, thrown into trash boxes to be burned, dishes and silverware let fall into slop pails, are other careless and wasteful procedures, and by no means of rare occurrence.

We might go on indefinitely in the matter of use and misuse of hospital property. It would seem that many accepting positions in public institutions think that no care need be taken of anything; that the supply of everything is unlimited. Their home training being so defective, knowledge of the first principles of economy is absent and a sense of responsibility the exception, not the rule. In order to cultivate this knowledge and responsibility, instruction, which should have been begun in the home, must be carried on from the day the probationer enters the hospital, and all holding positions of trust are responsible for the giving of this training.

And, as in spite of all care and instruction, there will always be those employed who are careless, indifferent and extravagant, there is nothing for it, if a wise and true economic system is to be established, but the exercise of "eternal vigilance" on the part of all those having the welfare of their hospital at heart, knowing that in this, as well as in other lines of endeavor, "unity of purpose is the main prop of success."



Touring in Asia Minor

LILLIAN F. COLE.

WE left Sivas September 2, to make a medical tour to Devrek, one of our outstations—a good sized town, three days from Sivas. Our party consisted of Dr. Clark, Krekor Effendie, our druggist; myself, three horses, a mule, the mule driver, and two other men, owners of the horses. Two of the men were Kurds and the other a Turk. The men traveled on foot, the Turk leading a little colt which he had evidently bought in Sivas. The mule carried our load, which was rather large, as we had to take traveling beds. These are army cot beds of canvas that can be folded up. (We use wool mattresses, as wool is very plentiful in this country.) We had also, besides our bedding, food for three days, with tin plates, a coffee and tea pot, also a small alcohol stove, a wooden box and a dress suit case full of medicine, a large bag full of sterilized gauze and cotton done up in small packages each containing enough for one operation, also instruments.

Everything went smoothly the first day, and about 5 o'clock we reached a small Turkish village where our men said we would stop for the night. We were taken to the guest room of the village, which is usually owned by a rich man and is kept for the use of travelers.

The news spread quickly that a doctor had arrived, and the sick soon began to come and kept it up until quite late in the evening, hardly giving us time to eat our supper. The women all wanted me to look at them, but felt satisfied when I told them that I would stay with them while the doctor examined them. The

owner of the room lived across the court, and later in the evening I went to call on the women of the house. I found that there were three or four married sons with their wives living in one immense room. It was dimly lighted and looked like a tremendous cave. The only light that came from outside was from small windows high up in the wall. They received me very cordially and were very anxious to know what the doctor had said about one of the wives who had been sick a long time, and who had, in all probability, tuberculosis. Their beds were spread for the night (you know, here, beds are taken up during the day) and babies were crying in different parts of the room; other children were sitting about on the floor. The father-in-law, a venerable old Turk, sat in the midst of them giving advice on and off as he saw fit.

After sitting talking with them for a while, one of the wives volunteered to show me the village bath. It was a low building made of mud bricks. Just one room roughly finished. A fire was burning on the hearth, or, rather smoking, and over it was a great kettle of hot water and another of cold near by. Several women were bathing, soaping and pouring water over each other. They did not seem to be at all disturbed by my presence. After inquiring who I was, they invited me to have a bath. I told them I had had one that morning. The room was so full of smoke that my eyes soon began to smart, and I made my escape as soon as possible. When I returned to the guest room I found it was still

full of men, most of them patients and their friends (the women had all come earlier). The Turkish Hoja (teacher) had come to call, and Dr. Clark asked him if he might read something from our holy book. He was willing and they all listened most attentively to a chapter from the Gospel of St. John. The Hoja asked some questions and told us something of what they believed. He was very polite and looked like a man of a good deal of intelligence. After this Dr. Clark said we would have to start very early in the morning, and they all took the hint and left us. As we only had one room Dr. C. and the druggist went up on the roof to sleep, leaving me the room. I wished I might go up too, as the air of the room was pretty bad by this time. The stable was underneath and as the floor was full of cracks the odors from it filled the room and prevented my sleeping very well.

We were up at four in the morning and after packing up and eating our breakfast started off just about sunrise. The air was cool and very refreshing. We passed many villages, mostly Turkish. About eleven we stopped under some trees and ate our lunch. About three p. m. we reached a little Kurdish Khan at the foot of the mountain. I should have liked to stay here, as it was a very interesting place. The women were baking bread; one of them sat by the fire made on the hearth. She had balls of dough by her side; these she rolled out into very thin sheets and baked them on pieces of tin laid over the fire. These bake very quickly and taste very good. They were all very friendly; my hat interested them greatly. There seemed to be a number of families here also, no doubt wives of different sons. The families are largely patriarchal. The children

are ragged and dirty, but pretty and bright looking, and did not seem to be afraid of us. One of them, a delicate little boy of four, cuddled up to me; they said he was four, but he did not look over two and could not walk.

They asked me if I had a needle that I would give them. Mine were at the bottom of my saddle bags, but Dr. Clark had one he gave them, and I promised to bring them some on my way back. We did not return that way, so I could not fulfil my promise. We did not get away from there until five p. m. The men swore solemnly that the nearest village was six hours from there, but our druggist had asked some Armenian travelers that were passing, and they said three, so we started. Our road now was very mountainous. The scenery was beautiful, and later, when the moon came up, it was very pleasant for us, but I felt sorry for the men who had been walking all day. We passed several caravans that had stopped on the mountain for the night. The drivers of the caravans sat around a big fire eating their supper while their animals grazed around the camp. We traveled up the mountain side until nine p. m. Then Ebrihem said that there was a place near where a number of Kurds, with their flocks and families, were camping for the Summer, and we could stop there, but we must start before daylight. We agreed to this, being tired.

The Kurds did not seem to be overjoyed to see us, but said we might stop a little below their camp. We unloaded our horses and, getting out our food as quickly as possible, as we were all hungry, we spread it in the moonlight and invited our drivers to eat with us, as their food was all gone, one of them having gone to a village to buy bread and had not caught up with us. After supper we put up our



THE RUINS OF AN OLD SELJUKIAN KHAN.



OUTPATIENTS.

beds; we had to do this quickly, as the moon was fast disappearing and we had no other light. Our drivers said they would watch by turns, as there were many Turkish robbers in the mountains. We asked them if these Kurds that we were with would not protect us; they answered that in all probability they would steal the things themselves if they found us all sleeping, and say that other Kurds had taken them. The place was full of fleas and they got into my bed, so between thinking of robbers and the fleas I did not sleep very much. My bed was quite a distance from the others. The stars were shining brightly and it was a beautiful night. I lay listening to the bleating of the sheep and the shepherds' call. I thought perhaps it was on just such a night that the angels came to the shepherds to announce our Saviour's birth. It was hard to believe that the mountain was full of robbers and murders also had taken place there. However, nothing of the kind occurred that night, but at three, when I heard the men call the doctor, I was quite ready to get up, as I was chilled to the bone, not being prepared to sleep out in the mountains; we had a small amount of bed-clothing with us.

After dressing and packing up in the dark we started off. Our drivers told us that we would meet a village a few hours later, when we could stop for breakfast. The morning air was delicious. At about dawn we came to a little brook, where we stopped and washed and drank. The scenery was very beautiful on these mountain roads, but the road itself was very rocky. Pretty soon we came to a valley with a river running through it, and it was filled with beautiful trees. Several houses were nestling on the side of the mountain. Our young Kurd said

this was where we would stop for breakfast. The houses were owned by Turkish farmers. They were very friendly, and we found we could have a very good breakfast cooked there. We had eggs cooked in olive oil, coffee with milk, and "kaymak," a dried cream. Our breakfast tasted very good after our long ride. Then Dr. C. went to see a sick woman, the wife of one of the owners, who had what appeared to be typhoid fever. It seemed strange that typhoid should be found in that beautiful place, far from other villages. The women here did not cover their faces as other Turkish women but came out and sat with our drivers and smoked cigarettes and seemed very free and easy, quite like the new women of other countries. They offered me a cigarette, which I declined, saying American women did not smoke. I thought afterwards that this was not strictly true. They asked me many questions. My hat and my hair interested them greatly. At first they thought I did not have any hair, as they could not see it. They asked me why I did it up on top of my head; when I said it was our custom they were satisfied, as "adet" (custom) is a very strong power in this country.

We started off again very much refreshed by our rest and breakfast. The sun was now very hot and the road rough; we walked a good deal, as the path was narrow and dangerous and it was hard work for the horses to keep their footing. One of the men bought some melons and cucumbers from a farmer whose garden we passed, and we ate them as we walked along. We met their companion, who had gone to a village to buy food, the day before, at a fountain about two p. m. We stopped there and had our lunch, and then started on the last part of our jour-



MARSOVAN, TURKEY. TWO AMERICAN PHYSICIANS, DR. A. C. HOOVER IN CHARGE, TWO AMERICAN NURSES AND FIVE NATIVE NURSES. A PATIENT ARRIVING AT THE HOSPITAL.



NATIVE ARMENIAN CHILDREN.

ney. We had heard in the morning of the suicide of a young Kurd (a very unusual thing in this country) in one of the mountain villages. He had died the day before, and we met a party of men and women on horseback, his near relatives going off to see him, as they had heard of the accident, but not of his death. They stopped us and one of the women, his sister, asked our men if they had heard how he was; they then swore most solemnly that he was not badly hurt and was getting well. I asked them later why they told such a downright lie; they said: "We did not want to be the bearers of evil news, and if we had told the women of his death they would have

shrieked and cried, and then what could we do? But then," they added, "it is all God's will and we have to bear these things." I could not make them see that it might have been better to prepare them a little, and they do not look at lies the way we do anyway.

We found the rest of the way pretty hard, as the sun was very hot and the road was dry and dusty. We reached Devrek about 5:30 p. m. Several men, members of the Protestant community, came out to meet us. At our request they had rented a room for us, and we were glad to get in out of the hot sun. After paying our drivers and adding "baksheesh," they went off happy.



A KHAN IN TURKEY, NATIVE WAGON OUTSIDE.

Comas

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A COMA is always a very serious condition. It oftentimes presages death within a few hours, or at most a few days. On the other hand, if the kind of coma is differentiated and appropriate treatment is instituted, the patient may be restored, if not to good health, at least to life for a period of months or years. It is a condition of insensibility so deep that the patient cannot be aroused from it, differing thus from mere, transitory faintness or unconsciousness, or from somnolence or lethargy, from which, by comparison at least, restoration is easy.

I shall consider in turn uremic, diabetic, epileptic, hysterical, sunstroke, gas-poisoning, opium, and alcoholic comas, and those which are due to apoplexy. Then, because alcoholic comas are oftentimes mistaken for such as are due to lesions or injuries of the head and encephalon, I shall conclude with a brief account of the latter. It is very important to distinguish the comas one from another, because the treatment is almost absolutely distinctive. In order for such diagnosis there must be the closest observation of symptoms. And here, as I have always believed, lies one of the chief offices of the nurse—to use her faculties in detecting and appreciating diagnostic signs, and in faithfully recording them, so that these valuable data may assist the physician in deciding what the condition is which must be met.

The following are points which should obtain with regard to all comas. We should get the antecedent history of the case if we can. We should note the general condition, especially of the

skin; then the appearance of the eyes; then the head and neck are inspected for wounds and engorged vessels; and the face and the mouth and tongue. We inspect the extremities for edema, paralysis or muscular twitching. The three vital signs—the pulse, respiration and temperature—are examined; and the urine is in all cases drawn (to guard against retention) and tested. Of course all these points will not apply to all cases of coma; but each should be taken into account as a matter of routine.

Uremic Coma.

This is a toxemia or systemic poisoning, probably due to the retention of nitrogenous substances which would in health be excreted. We may get a history of kidney disease; of severe occipital headache; of vomiting, nausea and diarrhoea; of paroxysmal dyspnoea (renal asthma), which is worse at night; of delirium or mania; of sudden temporary blindness. This coma is likely to have been initiated by convulsions. The pupils may be dilated. We find the face swollen and pale and the lower lids puffy; there are epileptiform twitchings of facial muscles. The tongue is dry and brown; the breath ammoniacal, as of urine. There may be muscular twitchings, or on the other hand, hemiplegias or monoplegias in the extremities. The pulse will probably indicate arterio-sclerosis; it will be infrequent and of high tension. The respiration will probably be of the Cheyne-Stokes sort; (the breathing is irregular. It will cease entirely for perhaps a quarter of a minute; then it becomes perceptible though very low; then by de-

grees it becomes heaving and quick; then it gradually ceases again. This cycle in breathing lasts about a minute, during which time there are about thirty respiratory acts.) A slight rise of temperature may exist until shortly before death. The urine may indicate the causal renal disease; it will contain albumen and casts. Either death results, or recovery, with chronic nephritis. A coma recovered from is almost always followed by others, with an eventually fatal ending. In the treatment it is directed to give high rectal hot salines; saline purgation; hot air beneath the bed-sheets, or hot baths. Venesection may be done; nitro-glycerin or amyl nitrite may be given for the high tension; morphine and chloroform inhalations when there are convulsions.

Eclampsia is really a form of uremia which is come upon most in maternity practice; it occurs about once in three hundred pregnancies, and is always a serious and sometimes a very grave condition. In some institutions the mortality from it has been above fifty per cent. As in uremia, it will generally be found that the kidneys have been diseased, and in such a way that toxic substances which are normally excreted are here not eliminated. The symptoms of eclampsia are due to the storing up in the blood of these poisonous substances; the prominent feature consists of convulsions, which end in coma. Throughout pregnancy we have to be on the watch for premonitions. Every month, and as labor approaches every week, we examine if the urine is scanty, or if it contains albumen and casts. Then we are warned by such signs as headache, disturbed vision, *mouches volantes* edema, gastralgia, nausea, dyspepsia, palpitation of the heart; malaise in general; an abnormal appearance, a rapid

pulse, a coated tongue, foul breath, a dry, harsh skin, a sallow complexion. Of the eclamptic seizure itself we have such premonitory symptoms as sharp pains in the head, the epigastrium or under the clavicle; dizziness, loss of vision, great restlessness, or perhaps stupor. Within a few moments comes the attack. There may be edema, or the skin may be bathed in sweat; the pupils are insensible to light; at first contracted, they may later become dilated; the lids twitch; the eyeballs roll. The head is moved first toward one shoulder, then to the opposite side; The vessels are distended. The face is at first pale and then livid; the facial muscles are greatly distorted. The mouth is pulled to one side; the lips and teeth are tight closed; the tongue may be bitten. The spasm, extending from the head and neck, seizes upon the trunk and the upper extremities; the arms are strongly flexed, the fingers are bent over the thumb, and the arms work spasmodically to and from the median line, in front of the chest. The thighs may be flexed upon the abdomen, but otherwise the lower limbs are rarely affected. The pulse is rapid and strong. The spasm includes the respiratory muscles; there is jerky breathing, and a sucking sound through the compressed lips and teeth. The temperature is likely to rise higher with each convulsion. When we catheterize and heat a spoonful of urine over a lamp, it will become almost solid because of the coagulated albumen. Each convulsion lasts a minute or two; consciousness is lost during them, and with each recurring fit the stupor deepens until there is unbroken coma.

The following is a resume of the treatment of this condition as set forth by Dr. Hirst in his admirable book on obstetrics: Where there is a gestational toxemia the

diet should be mainly of milk; meat, eggs, fish and the stronger nitrogenous vegetables should be excluded. There should be a laxative at bedtime, copious draughts of water, and from time to time a refrigerant diuretic. During the attack itself chloroform is to be administered. Immediately the attack has passed off fifteen drops of the fluid extract of veratrum viride are injected under the skin and a drachm of chloral is given in solution per rectum. Two drops of croton oil in a little sweet oil are placed on the tongue; this will prove effective whether the woman can swallow or not. Three or four blankets are wrung out in very hot water and the nude body is enveloped in them, wrapping one around each limb, covering the trunk with another, and piling over all as many dry blankets and heavy coverings as can be secured. For the hot wet pack a hot vapor bath may be substituted; this may be done by heating half a dozen bricks on a kitchen stove, wrapping them in bath towels, disposing them about the trunk and lower limbs, pouring a pint or more of alcohol over them, and then covering both bricks and patient with blankets. We inject by gravity under one or both breasts a pint or more of normal salt solution; or if apparatus for

subcutaneous injection is not at hand, several quarts into the rectum. Every four hours we repeat the sweats and the salt solutions. If the pulse continues tense we repeat the veratrum viride in five-drop doses. We venesect if the face is congested and swollen, withdrawing sufficient blood until the pulse is no longer full and bounding. If the convulsions persist and are violent we may repeat the chloral two or three times. A pale face and a rapid and weak pulse may require stimulation in the shape of digitalis, strychnine, nitroglycerin, brandy, ether, or ammonia by the needle. If the convulsions cease and the patient lies in a stupor, but can be aroused to the extent that she can swallow, dessertspoonfuls of a concentrated solution of epsom salts are given every fifteen minutes until free catharsis is established. We do not attend to the delivery until we have succeeded in subduing the eclamptic attacks. Such patients are particularly liable to fatal shock from violent delivery or unusual operative measures. By waiting a brief period, during which we apply ourselves energetically to the treatment of the convulsions, sufficient dilatation of the os occurs naturally to permit delivery without excessive violence or loss of time.

(To be continued.)

A Christmas Carmen.

Blow, bugles of battle, the marches of peace;
East, west, north and south let the long
quarrel cease.
Sing the song of great joy that the angels
began,
Sing of glory to God and of good will to
man.

—WHITTIER.

Teaching Disinfection

CHARLOTTE A. AIKENS.

AMONG all the things which the modern nurse should thoroughly understand before she goes out as an independent worker, the subject of practical disinfection should come pretty close to the top of the list. Experience with and observation of a considerable number of graduate nurses leads me to believe that a great many nurses leave the training school with exceedingly hazy and uncertain ideas regarding this subject. Ask some senior pupil nurses how much salt or formaldehyde or anything else they would need to make a four per cent solution, and they will look at you in blank amazement. They have made salt solutions and formaldehyde solutions, but they never made four per cent solutions, they may tell you. A little further questioning will elicit the information that the hospital always keeps a table of disinfectant solutions pinned up on the wall which contained the quantities of the drugs needed to make the solution in the strength that was commonly used. Many nurses have made solutions according to those directions, mechanically followed out orders, without their attention ever having been called to the principles by which the required amount was arrived at. They will perhaps tell you they intend to copy that list and take it with them when they leave the hospital. That any doctor might have the hardihood to ask them to make a solution not provided for in that list—well, many senior nurses have not reasoned as far as that.

If you question them as to the why of "intermittent sterilization," they may learnedly begin to talk about germs and spores, but if you push your questions a

little farther and ask in what diseases they expect to find spores, they will begin to look blank again. Do the typhoid fever or tuberculosis germs produce spores? They do not know. Go through the list of diseases and ten chances to one you will find that they have been told something about spores and left in a blissful state of uncertainty as to when they are likely to encounter them. Nurses may or may not be overtrained, who knows? but very few are overtrained in the theory and methods of disinfection.

Not long ago I asked a graduate of 1907 how she would fumigate a certain room; how much sulphur and how much formaldehyde she would use; how she would go about it to find out how much was needed; what principles would guide her in her preparations, etc. She said she would close the windows and stop the crevices and pour "a little" formaldehyde on a sheet. When I asked her how much she meant by "a little," she could give no definite amount. There was an utter lack of accuracy about the whole answer. When asked about sulphur fumigation she knew still less. It had never been used in the hospital and she had no more idea as to the amount of sulphur she ought to use to fumigate a room of that size than the untrained housewife.

I asked another nurse for a list of substances or articles for which she would use bichloride as a disinfectant, what strength she would use the solution in each case, and how long exposure she would consider was needed. Her answer was interesting because of what it did not tell about the questions, and yet

these are practical matters which a nurse has to decide or work at without deciding, practically every day she is at work.

I asked the same nurse how long exposure of the infected substance to the disinfectant she would consider necessary in a variety of articles, and what conditions might modify or hinder the action of the disinfectant. She knew they had been told in the hospital to keep the steam sterilizer going for an hour in sterilizing for surgical work, but beyond that she had no definite idea as to the length of exposure needed, or the conditions which might aid or hinder the disinfectant in its work. Yet she had been taught by a superintendent who was a graduate of one of the oldest, largest training schools in the country, a school that gives a three-year course, an eight-hour day and is supposed to be up-to-date in all respects. The nurse herself had taken a three-year course in a small hospital.

I asked another nurse how long, when she was sterilizing articles by boiling, she would consider the process required. She promptly replied: "Half an hour." "Do you always sterilize your catheters half an hour? What about rubber gloves, etc.?" She said, just as promptly, that she did not; that she did not, as a rule, boil either more than ten minutes. Now, as a matter of fact, her practice was pretty safe, for one of the widely quoted authorities on the subject of disinfectants states that boiling kills the germs of cholera, diphtheria, plague, tuberculosis, typhoid fever, pneumonia, erysipelas—practically all the diseases due to non-spore-bearing bacteria—at once. He also states that to destroy the infection of anthrax, tetanus and other spore-bearing bacteria, two hours' exposure to moist heat at boiling point is necessary.

But the point is the nurse did not know these practical facts, which would at least have given her assurance in her work. The whole process of disinfection in many schools is mechanical, and the teaching vague and uncertain, when it ought to be accurate and intelligent. In the disinfection of typhoid stools the disinfectant is often applied to the infected substance, but it is emptied into the sewer before it can do the work for which it is used, in a great many hospitals. Some authorities state that for true disinfection some of the chemical substance should be placed in the vessel that is to receive the dejecta, more added afterward, the mass thoroughly mixed, and the exposure should be not less than one hour; that when urine is incorporated with the stool a stronger solution or greater amount is needed, since the urine acts as a diluent to the disinfectant and weakens its action. Yet I have met a great many graduate nurses who seem not to have been taught some of these simple, practical points about this important subject—at least they have not been taught in such a way that they could state these facts definitely. Perhaps it does not require an hour for this work. Then the question is how long does it take? Should not nurses be given definite instead of indefinite teaching about such matters?

A nurse graduate from a large school told me that the only disinfectant solutions she had ever made in the hospital were corrosive sublimate and normal salt. The former she made from a stock solution sent from the pharmacy. All the other solutions were made by the pharmacist. This is not a common condition, yet I have no doubt it could be multiplied many times. One superintendent gave as a reason for this that "the nurses broke

so many solution bottles," and she had "one or two cases of severe burning because carbolic acid crystals had not been thoroughly dissolved when the nurses made the solutions." It seemed as if these difficulties might have been overcome by requiring the solutions to be dissolved in boiling water and cooled in unbreakable containers before being put into the glass solution bottles.

It has often seemed to me that if less time were spent in unprofitable discussion of the relative advantages of a two and a three-year training and the superior advantages of training in a large hospital as compared with a small one, and more time were spent in getting down to the details of practical teaching, where it is weak, how it may be improved, we would make more real progress.

In the final analysis the easiest and surest way to "elevate the standards of nursing" is to take each subject that needs to be taught and study how we may improve in our methods of teaching one subject at a time. There is a vast

field here for experiment and discussion. Nurses who are out in the field of private nursing have all, doubtless, if they have honestly thought about it, felt as if their training was weak or deficient in some one particular, that the teaching in many ways might have been improved. Were the lessons in hygiene sane and practical and helpful? Were the lessons in materia medica sufficient or insufficient for the needs of the nurse in ordinary practice? Did the nurses go out with a good practical working knowledge in dietetics? What suggestions have you to make whereby the course in any line of instruction given in your school could be improved? Sane, helpful criticism, calling attention to the weak points and suggesting how these might be strengthened is what is needed at the present time. Without any radical overturning of present methods of management of training schools, there are great possibilities of improvement in our methods of teaching along practical lines if we only take up the details and study them patiently.

Christmas Carol.

God rest ye, little children; let nothing you
affright,
For Jesus Christ, your Saviour, was born this
happy night.
Along the hills of Galilee the white flocks
sleeping lay,
When Christ, the Child of Nazareth, was
born on Christmas Day.

—D. M. MULOCK.



The Professional Anesthetist

MERTIE SHANE STEWART, R. N.

THIS is unquestionably a day of specialists. The newspapers are full of their announcements. Their signs are displayed on every side and the mails are flooded with their literature. To a certain extent, so long as ethical bounds are not overreached, this is all right, provided the specialist has made a thorough study of his or her chosen subject and is able to give a higher grade of service than the general practitioner.

There is, however, one line of our work that has not received the attention it should by either the medical colleges, nurses' training schools or the professions after graduation, and that is the administration of anesthetics. This has been looked upon as a sort of "side issue," or unimportant part of the work that could be looked after by any one not needed for something else. This is especially true in private practice and in the numerous small hospitals that are becoming so thickly scattered over our country.

I have been assistant to a surgeon for the past ten years and during that time I have seen anesthetics administered by scores of physicians and nurses, and in as many different ways. I have also anesthetized hundreds of patients myself and am becoming more and more convinced that this part of surgical work has not received the recognition that its importance warrants.

The patient is satisfied if he has "a doctor" to give the "chloroform." He feels that he is in skilled hands, and well it is for him that he *feels* so; but many of us know that the average doctor

has little or no special training in this work at time of graduation.

One physician, a graduate of one of our most reputable Eastern colleges, told me that he had never given an anesthetic while in college only as he had assisted outside doctors. And many others have told me that they had almost no *practical* training while in school. And when the medical student is allowed to act as anesthetist his mind is more apt to be occupied with the procedure of the operation than with his part of the work and, with two or three splendid exceptions, I have found this to be true of the aftergraduate also. For this reason, if for no other, a specially trained nurse makes the best anesthetizer. Her interests are undivided. She will give her entire attention to her part of the work.

No person can administer an anesthetic properly and learn the art of surgery at the same time. Either part is enough responsibility for one person. Therefore, the surgeon should not be annoyed by an incompetent anesthetizer.

The nurse selecting this as her field of labor should not be satisfied until she has mastered it thoroughly. She should familiarize herself with the different anesthetics and their effects upon the human system under different and all conditions, first, by studying the best literature procurable upon the subject. Much can be learned by visiting different hospitals and observing the various methods employed and the results obtained. Secure permission to administer anesthetics for a few weeks in different hospitals under the directions

of the regular anesthetist. This will give practical experience which is so necessary, and also the opportunity to test different methods.

Do not announce yourself as a professional anesthetist until you understand every phase of your work, until you know just what to look for and what to guard against, just how to meet every emergency intelligently, promptly and quietly, without exciting or annoying the surgeon. Such an anesthetist would be a treasure indeed, and would

certainly be in demand, not only in hospital work, but in private practice, office and dental work as well.

It has been my pleasure and privilege to see hundreds of patients anesthetized by Miss Alice Magaw, for fifteen years chief anesthetist to St. Mary's Hospital, Rochester, Minn. (which position she resigned this Summer to assume the duties of housewife). Her thorough mastery of the work and calm assurance was gratifying to spectators as it must have been to the surgeons.

Christmas in the Hospital

LUCY WHITE.

CHRISTMAS EVE! Two rows of beds and in the centre two long tables and a big centre fireplace and mantelpiece. A few listless white faces betraying little interest in the proceedings—many more watching keenly all that goes on, some little ones hardly able to lie still for excitement and a sprinkling of favored ones up and about, fixing up paper lampshades and doing what they can to assist in the work of decoration. This is being mainly carried on by the ward sister and several volunteers from outside, the women directing; the men tying up evergreens, festooning the mantelpiece, etc. The nurses help here and there, but mostly are busy seeing that the patients are not forgotten.

When evening comes what a transformation! The glare of the electric lights has been softened by prettily arranged yellow paper shades, over each bed a tiny yellow-shaded lamp shines; evergreens wreath the big mantelpiece,

and the two long tables are decorated with trailing fern and smilax, among which gleam little yellow fairy lamps.

Then all lights except the fairy lamps go out and the occupants of the ward settle down to sleep; all, especially the little ones, in eager and wondering anticipation of the morrow.

But before sleep has had time to visit any of them the silence is broken by singing in the distance, and the strains of a Christmas carol fill the darkness. It dies away as the carollers slowly file down a far passage to sing to the sufferers in the isolation ward; then, as they cross the grounds back to the main buildings, the singing rings out on the night air. Let us go with the procession, as it winds through the hospital. All the nurses are there in uniform walking two by two, each carrying a Chinese lantern. The choir of one of the churches in the town has offered most welcome help, and following the nurses comes a pro-

cession of choir boys and men, in their white surplices, supplying a rich fulness of melody not attainable by the nurses alone. From ward to ward they go, singing two or three hymns and carols in each. In one ward a father watches beside his dying son, watches to see if the music wakes any response, but the lad stirs not nor shows a sign of consciousness. One ward has red-shaded lamps and pink lights, another Japanese shades; in yet another all the light comes from the twinkling of a number of variously colored tiny electric lamps on the big Christmas tree, to be the source of delight on the morrow.

So at last back to "our own" ward, where the singing has been long waited for and is certainly not least appreciated.

Dear old Christmas hymns and carols! We sing them all in the Christmas atmosphere with all our hearts, and long after they echo in our ears. Then dawns Christmas Day. Some of the patients have managed to get cards for their nurses and for their own particular friends in the ward. All faces are bright, all greetings cheery. There is no time and no excuse for anyone to feel lonely or neglected. All except the very urgent cases are let off all medicine to-day, and rules of diet are relaxed in all but two cases; several have their first taste of meat for a long time in the shape of a delicious fat turkey, presented to the ward by the husband of a former patient.

How they all enjoy their Christmas dinner, tiny though the helping of some has to be! The turkey, followed by plum pudding, brandy poured over it and set alight, burning the holly on the top in the proper, old-fashioned way!

The afternoon is taken up with entertainments of various kinds. Some of the

nurses form a strange menagerie of wild animals; masks for their heads and their identity further hidden by dressing gowns, cloaks and red blankets. Some patients are rather startled at first, but when they realize these are only their old friends, though in such "questionable shapes," how their laughter echoes through the place. Their enthusiastic showman, one of the resident doctors, also distributes useful gifts, mostly of warm clothing, to all the spectators at the end of each exhibition.

Then comes a large tea party in each ward, followed by an amusing little play, got up by some of the nurses with a little help from outside. And if new Irvings and Ellen Terrys hardly come to light, at any rate no actor, however great, could boast a more appreciative audience.

Some of the wards send visitors to the others and postpone their entertainment, concert, or whatever it may be, till the following day, when compliments are returned, so that as many as possible from each ward may have the benefit of each entertainment.

The day ends at last with a supper given by some of the sisters to the nurses. They have worked hard, and they now do more than justice to the good things provided, but at last all the merry talk and laughter die away and bed is sought.

Yes, it is worth all the trouble, to be thanked for having done so much to help those away from home to have a happy Christmas, to know that some little ones have had, indeed, a happier time than they could have at home, that some are even glad to have been there to share it all. Truly, the way to have a happy Christmas is to try and give one.

"Make others' happiness this once your own, All else may pass; that joy can never be outgrown."

Outside the Gates

IONA GRATIA WILKINS.

HAYWOOD was so proud of his new responsibility, so anxious to see his little son, so eager to take Her in his arms and give Her the Christmas surprise that gleamed in the jeweler's box in his pocket, that as he hurried past he hardly noticed the Bum who stood outside the hospital gates, shivering and uncertain.

An hour later Haywood left, subdued by the whiteness of Her face, touched to the heart by the frailty of the tiny hands he had held in his. The Bum was still there.

"Say," he demanded, "did dey let youse in dere to see any one?"

His grimy hands were shaking—eagerness shone through the bleary film of his eyes.

"Yes," Haywood answered, wonderingly. "My wife and baby are there. Have you——" The Bum nodded emphatically.

"Ye-uh; Mame and de kid. She's been dere a week now—I didn't know it till I got out de city boardin' house dis mornin'."

Haywood understood without asking questions. The man's story was in his face, his bearing, his clothes. He was a derelict drifting to the deep waters of eternity, to be seen on the way only by the look-outs of the station-house, the Island, the morgue.

"I t'ought I'd take a look at 'em before I went back. It's a sure t'ing to-morrer or next day. It's too dead easy to get a hand-out 'round Christmas. It'll be 'Good mornin', Judge, fer me, all right, but I'd like to see her foist an' give her dis fer de kid's Christmas."

He took a package from under his coat and unwrapped it. It was a doll, wonderful in yellow curls and brilliant cambric skirts. "Dat cost me a night's lodgin' an' a drink," the Bum said, proudly. "But it's all right—kids like dem t'ings."

"Are you sure your wife is here? Did you ask to see her?" asked Haywood.

His wife had a private room, a special nurse and all the accessories for comfort. Things went differently in the wards, he knew, but it hardly seemed fair that a fellow should be so completely shut out.

"Sure. She's dere all right. Dey said so in de office. But it ain't visitin' day till to-morrer. Dey said I could send up woid, an' I told 'em to tell Mame to come to de winder wit' de kid, but I've been waitin' 'bout t'ree hours an' nuttin' doin'."

"But you can go in and see her to-morrow," commenced Haywood.

The Bum was a fatalist. He shook his head.

"I've got to beat it down de street pretty quick, an' to-morrer I won't be in no shape to be visitin' hospitals," he said, and his eyes turned longingly to the corner where were the polished mirrors in the window, the wreaths of holly, the short, swinging doors—all calling him away to them.

"All right, old fellow," Haywood said quickly. "I know the superintendent pretty well, and some of the others. Perhaps I can get you in to-night. Wait till I come out."

The regulations of a big hospital are

not easily set aside. It was some time before Haywood emerged, triumphant.

"Come on," he said. "I've fixed it."

The elevator stopped at one of the upper floors and a nurse came down the

He followed the nurse on tiptoe down the ward, then stood silent by one of the narrow white beds, where Mame lay sleeping. He fair hair fell in a heavy braid over her shoulder, her face was



MADONNA AND CHILD, PAINTED BY YPERMAN.

long, dim ward. "The doctor says you are to see your wife," she said quietly, "but she is asleep, and so is the baby. I can't wake them up, for it would disturb the whole ward."

"Kin I just take a look?" whispered the Bum.

turned toward the baby who had fallen asleep in her arms. She was thin and white and pinched, but even as she slept her face was exquisite in its dawn of love and protection.

The Bum stared down at her until the nurse touched his arm and whispered:

"You must go now." He blinked rapidly, laid the gaudy doll on the little glass table by the bed, and followed her from the ward.

Haywood had waited for him, and as they went down the steps together, his hand went into the inner coat pocket for his bill-book.

"None o' dat fer mine," the Bum protested, gruffly. "Yer can give Mame some if yer want. It's me fer de bright lights now. Much obliged."

He swung away across the lawn on a short cut to the corner gate which would lead him to the mirrors, the holly, and the swinging doors. The way led past the hospital chapel and he glanced indifferently through the open door. Glanced, then stood motionless. There in the stained glass window before him stood the Mother of Christ. Her face was alight with the love of motherhood eternal, and close against her breast she held the Babe of all humanity.

"That — looks — like — Mame," he gasped. From the street corner came

the sound of ragtime on a piano, and the lights twinkled brightly.

But the Bum took off his hat and stood with face uplifted as into his sodden mind there filtered slowly the meaning of that first Christmas Day. Thinking was as hard work to his untrained mind as was resolution to his untrained soul. "Hogan's always bin willin' to gimme a job," he muttered.

He went slowly to the corner gate, then stood there, hesitating. Then his feet involuntarily dragged themselves toward the swinging doors.

"What's de use?" he muttered. "I couldn't keep——" He turned to the window again.

A lounge on the corner looked up in mild surprise as the swift pounding of feet came to his ears. "I t'ought youse was a fire engine," he remarked wittily to the figure that went past him.

There was no answer save the clatter of the Bum's shoes as he ran desperately past the alluring lights on his way to Hogan—and "de job."

Souvenir Book

Colorado Souvenir Book for the International Congress on Tuberculosis. Price 25c. To be had only from the Exhibition Committee of the Colorado State Organization of the International Congress on Tuberculosis, 823 Fourteenth street, Denver, Colorado.

This souvenir is a book of over 190 pages of straight reading matter and excellent illustrations, which contains some of the most beautiful views of Colorado, a land of beautiful views, that we have ever seen.

But its value does not lie in its mere beauty. It contains also some very valuable climatic maps and tables on statistical information based on the reports of the National Weather Bureau. A nurse interested in the

fight against tuberculosis should get the book for these alone.

It should be mentioned that the book was distributed free to the members of the International Congress and to the members of the Colorado State Organization. The work is so handsomely illustrated that there was some fear that many would ask for it simply for the pictures, and not through any interest in tuberculosis. It was for this reason that the committee decided to charge a nominal price for it, and hit upon twenty-five cents as being sufficient to cover postage, clerical and other expenses. If our readers send for this book we advise them to enclose a card, showing that they are trained nurses.

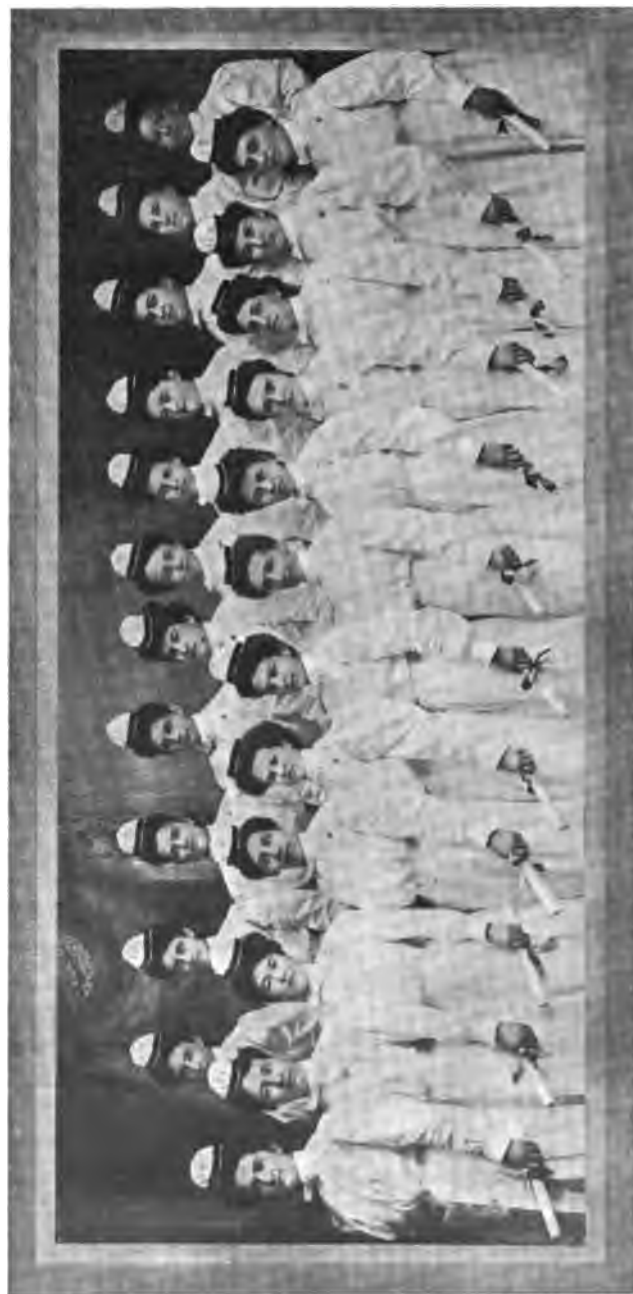


Photo by E. G. Herrick, Toledo.

GRADUATING CLASS, ST. VINCENT'S HOSPITAL, TOLEDO, OHIO.—(See *Nursing World*.)

Department of Army Nursing

DITA H. KINNEY

Superintendent Army Nurse Corps

THE discharges since the last army notes are: Alice Cecil White and Elizabeth Gore from the General Hospital, Presidio of San Francisco; Mary E. Nagle and Catherine Smith are under orders to their homes for discharge, and Mary D. Macdonald is at home awaiting discharge.

The appointments are: Mrs. Mary Virginia Corbett, graduate of St. Joseph's School, Yonkers, N. Y., 1901. Mrs. Corbett has served as Head Nurse at East End Hospital, Pittsburg, and has also had duty on the Isthmus.

Henrietta Davidson, graduate of the Protestant Episcopal Hospital, Philadelphia, 1902.

The transfers are: Elizabeth Kurzdorfer from the General Hospital, San Francisco, to Fort Bayard; Mary E. Holliday and Edith J. Hess are also under similar orders; Sigrid C. Johnson and Valeria Rittenhouse, having completed their tour of duty at Fort Bayard, will be ordered December 1 to report to the commanding officer of the hospital at San Francisco; Chief Nurse Clara B. White has been relieved from duty at Zamboanga and ordered to the Division Hospital, Manila, to await the sailing of the first available transport for San Francisco; Frances Nowinskey, from the Division Hospital, Manila, to the Military Hospital, Zamboanga.

The Superintendent of the Army Nurse Corps takes this means of rectifying a mistake made in one of the re-

cent notes which accused Miss Bertha Billiani of having committed matrimony. Miss Billiani writes and says: "Please contradict this in your next report," which the Superintendent begs herewith to do, with apologies.

The seven army nurses who are now members of the Navy Nurse Corps recently entertained the Superintendent of the Army Nurse Corps at dinner. At a beautifully decorated table, presided over by Miss Hasson, were assembled Miss Martha Pringle, Chief Nurse, Navy Nurse Corps, and the Misses Hine, Hewett, Cox, Myer, Knight, Victoria White, Chief Nurse (unassigned), Navy Nurse Corps, and Mrs. Hasson, the two last named being the only ones at the table who had not at some time been a member of the Army Nurse Corps. The dinner was given in the Nurses' Quarters and was greatly enjoyed by all who were privileged to be present. The after dinner hour was spent in reminiscences, and the Superintendent of the Army Nurse Corps felt that she had not only been the recipient of a graceful compliment, but had been rarely privileged to see the Navy Nurses in their delightful home.

The Navy Nurses' quarters, pending the completion of the Nurses' home in the hospital grounds, are two connecting houses three blocks from the hospital. There are a number of single rooms which were assigned to the late army nurses. Miss Hasson and her mother

occupy a third house next door to the Nurses' Home.

The Navy Nurse Corps is especially fortunate in being able to have the benefit of a series of lectures from the various navy medicos on duty here in Washington. The privilege of listening to these has been extended to the Superintendent of the Army Nurse Corps, and she would have given a good deal had all army nurses been able to hear the second lecture given by Dr. Braisted, first assistant to the Surgeon-General of the Navy. The subject of the lecture was "Naval Hospitals and the Duties in Such Hospitals," but Dr. Braisted's remarks were quite as applicable to us and our corps as to the Navy Nurses. Dr. Braisted dwelt at considerable length on the attitude of a military nurse toward her work, and after setting forth some of the special reasons why she should regard her place as an honor and why she should carry herself with special dignity and discretion, he went on to explain that the one great motive, which should underlie all others, should be patriotism. If a proper sense of what this really means was ever present, many annoyances, inconveniences and small irritations would so dwindle into insignificance that they might well be considered not worth noticing. Dr. Braisted's words were at once an inspiration and a

reproof, and with these still ringing in her ears the Superintendent read in the current issue of *The Outlook* (Nov. 7, 1908) an article which all nurses might peruse with profit, called "Everyday Patriotism," by Prof. W. H. Burnham, the same being an address given on Memorial Day of this year in Dumbarton, New Hampshire. Prof. Burnham says: "The essence of patriotism is the sacrifice of personal interest to public welfare. If then the essential thing is the giving up of the individual's own interest for the sake of the group of which he is an integral part or the rendering of some service to this group, we see at once that this great virtue may exist anywhere wherever individuals are bound together, and the essential character of this virtue is the same no matter what the size of the group (the body of 100 sister army nurses or the Nation made up of a sisterhood of States). And so it comes to pass that patriotism is not something far off that concerned our forefathers forty or fifty years ago, but a duty and a virtue which comes very close to all of us, particularly to the military nurses. The rendering of service to the special group to which we may belong is an actual training in patriotism. Learn, then, this lesson—a lesson so simple that we are liable to ignore it—namely, the lesson of loyalty, of service, and of sacrifice."

Personal.

Miss Margaret Coyne, R. N., Troy City Hospital, 1908, has accepted the position of superintendent of nurses in the St. Bernard's Hotel Dieu Hospital, of Chicago, Ill.

Misses L. V. Jones, B. O'Bryan and A. E. Coogan were delegates from the Graduate Nurses' Association of Charleston at the an-

nual meeting of the South Carolina State Graduate Nurses' Association held in Columbia, S. C., October 30, 1908.

Miss Catherine Kelley, R. N., Troy City Hospital, 1908, recently completed a post-graduate course in the Sloane Hospital, New York City.

Editorially Speaking

Not a Professional Question

THERE is much agitation at the present time over the refusal of the Associated Alumnae to adopt resolutions favoring woman suffrage. This action of the Associated Alumnae received our hearty approval. It was one of the best actions ever taken by that body and the only correct disposal of the question by an association of professional nurses. THE TRAINED NURSE is a magazine devoted to nursing and published in the interests of the nursing profession. It recognizes neither race, creed, cult nor party, and is concerned only with matters distinctly within the province of the nursing profession, or directly affecting it. Its policy is unaffected by any organization, nor has the editor a personal opinion not in conformity with the policy of the magazine. The editor's conviction is THE TRAINED NURSE'S policy.

We saw no reason for further consideration of the action of the Associated Alumnae on the question of woman's suffrage than its mention in the report of the convention. We see now no reason for any consideration of woman's right to vote. That is a subject distinctly and manifestly outside the province of our pages. But the subject has not been dropped with the decisive action of the convention. It is being forced upon the profession. We are receiving personal letters relating thereto, we are urged to "define our policy," to give the matter our consideration and approval. Nurses' associations the country through are receiving a circular letter asking them to

take up the subject at one or more of their regular meetings. Information how to obtain a speaker for these meetings and reading matter relative to the subject is offered. *In short, a vigorous campaign is being instituted to win the consideration and approval of the nursing profession for the cause of woman's suffrage.*

In view of these conditions, we feel that a statement of sane, plain facts is due our readers.

The question of woman suffrage, or "equal political rights for men and women," is entirely outside the province of the profession of nursing. Its consideration is entirely outside the province of any nurses' association. Its support by the individual nurse *in her work*, or as *her profession's representative*, is *unprofessional and non ethical*. The attitude of the profession is, and must be, non-partisan and neutral on any subject not directly its own concern.

The profession's work inevitably overlaps some of the sociological and municipal problems of the day, but the profession's interest and right to a voice extends only just so far as these problems require the profession's service. The profession has no more call to consider—much less to indorse or condemn—a question such as this than it has to cast its vote of approval for one or another political party, religious creed or school of medicine.

One State association has already adopted resolutions defining its position toward the question. These resolutions are printed in this number of THE

TRAINED NURSE, and we will quote here but briefly: "A subject beyond the limits of our profession's consideration, and one on which it has no reason for deliberation or right to an opinion."

We would suggest before any one condemns the action of the Associated Alumnae a careful reading of the constitution of that organization. We doubt if anything can be found that warrants a convention in considering "equal political rights for men and women." We suggest further that each nurses association study its constitution, the statement of objects for which the association was formed, and see if it finds warrant for the use of even one of its meetings for consideration of "equal political rights for men and women." All this before the question of whether the organization approves or disapproves of woman suffrage.

There is no reason why a nurse should not believe in and work for woman's suffrage if she so desires. But she must do this as an individual woman, not as a trained nurse.

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Training in Hospital Management

AN editorial article in an exchange, in discussing the Hospital Economics course in Columbia University, calls attention to the fact that "the list of instructors and lecturers includes a score of names." To those who are familiar with the inside workings of hospital schools, the announcement of a score of different instructors among whom the course was to be divided will not arouse any special degree of enthusiasm. The multiplicity of lecturers has been one of the weak points in hospital schools from their beginning. It has caused discouragement, perplexity and embarrassment in schools innumerable. Apparently it seems to be

very much easier to secure instructors for the Hospital Economics course than to secure pupils, for, if we are correctly informed, in nine years only twenty-five nurses have finished the course, and at no time until the present has the class in training numbered more than half a score. The report for 1907, which stated that its ninth year of work had begun, also stated that *the average number of students had not exceeded six yearly*. But they have a score of instructors!

The modest announcements sent out by the Massachusetts General Hospital, Boston, and the Grace Hospital, Detroit, concerning the course in hospital management, recently inaugurated in those hospitals, sets forth no long list of instructors in hospital management, but the conviction seems to prevail among a large number of practical, experienced hospital superintendents that a practical course *in a hospital*, under the supervision of such men as Drs. Washburn and Babcock, and many others who are contemplating such courses, offers many advantages over the more showy course outlined by Columbia University. Visits to institutions are valuable, but will any one claim that visits here and there as *observers* of methods used in a dozen or more different hospitals—a plan highly lauded in the Columbia course—will compare in value to the student to actual life in a hospital where practical methods of management are taught her every day by an experienced superintendent, who is familiar with each department of hospital work, and where the nurse student in hospital economics acts as assistant in the various departments. Anyway, cannot the nurse visit institutions as an observer without having to enter Columbia University? Have not nurses

been doing that very thing for years, independently?

Are any of the superintendents of prominent New York hospitals numbered among the score of instructors? If not, why not? Certainly we have in New York City medical men and laymen who are the peers of any hospital administrators the world has seen, but, evidently, when it comes to teaching hospital economics, a college professor who knows little or nothing about hospitals is preferred.

Have the graduates of this course produced any special results in hospital or training school management that have not been attained by hundreds of capable women without it? A serious criticism has been the failure of some of the graduates of this course as disciplinarians, and their general attitude toward the work of the hospital.

It is easy to get up a showy announcement containing the names of a score of instructors, and an elaborate syllabus. It is a different matter to produce results. A vast amount of energy and a good many thousands of dollars have been spent in the last six or seven years on that course. Where are the results? Does any sane man or woman, do even its most sanguine promoters, do the nurses of the country really believe that that course will ever materially influence the hospital work of the country? Nobody is going to interfere with the nurses of the country paying out their dollars to carry on the experiment with the theory, but let us rejoice that the practical hospital superintendents of the country are at least undertaking the problem of training in hospital management, and making it possible for a nurse to get a working knowledge of hospital administration without

being taxed to the extent of \$600 a year to get it.

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Just Remember

THE great demand at the present time is not for nurses who can fill the few special positions that we occasionally hear of, but for the nurse who is kind, obliging, willing and sensible, who can do the ordinary work required of a nurse in the ordinary home, in a sensible, practical way, at a price which the average man can pay. Most of the people in this world are "common people," and in spite of all that has been said about the new lines of employment opening for nurses, it must be admitted that but a very few nurses are needed as yet for these newer occupations, while the world in general needs about the same kind of nurses it has always needed.

We can rejoice in all these new avenues (there are not so very many after all), but let us not be carried away with the idea that because a few nurses have gotten positions as tenement house or bake shop inspectors that therefore all nurses should be required to take a training that will fit them for such positions.

And while nurses may rejoice in the right to inscribe R. N. after their names, let them use it sensibly. It is not an academic degree and never will be. In many States the engineer and fireman who attend the hospital heating plant and the plumber who stops the leak in the pipe are also "registered."

It is quite true, as a speaker at a recent convention remarked, that however many degrees and certificates a nurse might possess, "the public has a couple of degrees of its own which it will confer on a nurse independently of any others which she may possess. Those degrees are O. K. and N. G."

An Ethical Question

How much should a district nurse tell to her board members regarding the circumstances, family secrets, etc., which come to her knowledge in the homes of the poor which she visits? This is a question that is perplexing at least one district nurse at present. It is a difficult matter to decide. The doctor's position regarding this matter is clearly set forth. The nurse's position is not always so clearly defined. A "modified oath" which the nurses of certain schools are required to take at graduation contains the following clause: "Whatever I shall see or hear of the lives of men and women, whether they be my patients or members of their households, that will I hold inviolably secret." This clearly seems to cover the case, but somehow there is still a lingering feeling that it does not dispose of the question at issue.

The existence of visiting nurse or district work depends at first on the interest of a few. If the work is to grow the interest must be extended, and telling about pitiful cases that have been helped, is one of the ways used to create interest. This is one side of the question. On the other side is the fact that the home of the poor is as sacred as the home of the rich. The nurse enters the home because misfortune calls her there. Because the poor man is only able to pay a little, or perhaps nothing, is it any reason why his private affairs and confidences should not be respected? Is there any reason why the family secrets of which the nurse learns in those homes should be communicated to a board of twenty women, some of whom may in turn be expected to tell others? All board members are not discreet. Many

of them undoubtedly are, but the fact remains that matters learned regarding families and individuals through attendance at board meetings have been made subject for gossip by well-meaning women. In small places especially this may act very detrimentally to the patient. "How much should the nurse tell regarding family secrets to her board?" The question is still unanswered. Has any reader an opinion on the subject?

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Christmas Greeting

It has been our custom to greet our subscribers every year from this column at Christmas time. Mingled with our greeting there was usually to be found a dash of philosophy, a boost for optimism and a gentle, kindly spur for the flagging spirit upon the rugged road which leads to the enthroned Ideal.

But this year we will content ourselves with wishing you all a Merry Christmas and a Happy and Prosperous New Year! For we have found a more eloquent philosopher and moralizer, and a better expositor of the ideal. We refer to Dr. A. F. Bristow, of Brooklyn, N. Y., whose article in this issue, "The Value of Training," is an exposition of the purest ethics and an inculcation of the highest ideals of work, duty and utilitarianism. Although delivered before pupil nurses, its application is universal and therefore personal to every nurse. We advise every nurse to read it carefully and thoughtfully. You will enjoy it better than our annual homily, and will be the better able to enter upon the new year with the buoyant spirit, the strengthened determination and the clearer and higher ideals which The Trained Nurse wishes for every one of of you.

The Hospital Review

Homes for Epileptics in America.

E. M. SWAINSON.

Perhaps it would be well to mention a few of the beautiful homes for epileptics in this country before giving some little account of them: Craig Colony, Sonyea, N. Y.; the Ohio Hospital for Epileptics, Gallipolis, Ohio; the Pennsylvania Epileptic Hospital and Colony Farm, Oakbourne, Chester County, Pa.; New Jersey State Village for Epileptics, Skillmans, N. J.; Emmaus Asylum and St. Charles in Missouri; Massachusetts Hospital for Epileptics, Palmer, Mass.; Hospital for Children, Baldwinville, Mass.; Silver Cross Home, Port Deposit, Md., and the Michigan Home at Lapeer, Mich.

There are many institutions for feeble-minded where epileptics are received and cared for, but it is not thought wise to mix them, and it is hoped that in time every State will have a special home for this class of patients.

Craig Colony, the largest institution of this kind in the country, was founded in 1894 and opened in 1896. It is at Sonyea, in the Genesee Valley, called by the Indians "Beautiful Valley," and, in truth, it is a fair and lovely spot, with the Cashaqua Creek flowing through the midst of it. The different houses are spread over a wide extent of land, several of the old buildings that were on the estate when it was bought for the Colony still remain, among them being "The House of the Elders," which belonged to the Shakers who lived there fifty years ago.

Besides the cottages for the patients, there is the Colonists' Club, which has a membership of 200 male epileptics. The library, contains about 2,000 books. The Peterson Hospital, the "Schuyler" and "Loomis" Infirmary are all nearly perfect in their management. Dr. Spratting, the superintendent, takes the keenest interest in the work of the Colony, and all its inmates. A Training School for

Nurses was established in 1897. The course being two years. This is a great blessing and benefit to the patients, as epilepsy needs special care, and keen observation. Over 1,000 patients find a home at Craig Colony, and yet there is not room for all who seek admission, as it is estimated that there are 14,000 to 15,000 epileptics in New York State.

The Ohio Hospital for Epileptics has the honor of being the first institution of this kind in the States, the cornerstone being laid in 1891, and the hospital opened in 1893. The building is situated on the banks of the Ohio River, at Gallipolis.

The cottages are always full, over 1,000 patients are cared for, and, as in all these homes, the epileptic improves wonderfully under the good, healthy surroundings and proper treatment.

The Pennsylvania Epileptic Hospital and Colony Farm, at Oakbourne, Chester County, is beautifully situated, having over 100 acres of land, with a lovely view on all sides. The Colony Farm was opened in 1898 and has proved a success, for, as in other places, there are more applications than room for patients, and this is not to be wondered at, when relations and friends are relieved of the burden of an afflicted member of their family, while the sufferer is really better cared for and happier than when at home.

New Jersey State Village for Epileptics is at Skillmans, in the Somerset Valley, New Jersey, about fifteen miles from Trenton, and is considered one of the most healthful parts of the State. The institution was opened in 1898, and, having over five hundred acres of land, is an ideal spot. In the buildings everything is up to date, and work is made as easy as possible. Men, women and children are received and cared for in the best way for them. The cottages are all comfortably furnished, and the inmates seem to be happy and contented. The children's house is fitted up

with everything that can improve and help the poor little things who live there.

Emmaus Asylum, near the town of Marthasville, in Missouri, was opened in 1893, the same year as the one at Gallipolis, Ohio. In former days it was an Evangelical Seminary, and now the care and teaching is how best to relieve the weary and heavy laden, suffering in so many cases from no fault of their own. In the little chapel where those who are well enough attend divine service on Sunday is the old seminary bell, well known to all who live near. Connected with Emmaus is St. Charles, on the banks of the Missouri River, about 22 miles from St. Louis. The care and treatment are similar to that at Bethel, in Germany, and the results are very encouraging.

Massachusetts Hospital for Epileptics, at Palmer, Mass. This hospital was opened in 1898, and is located in the town of Monson, but close to Palmer, which is the post office address. Here there is a good training school for nurses and a decided improvement in the patients under their care. Palmer is 84 miles from Boston, on the Boston and Albany Railroad.

The Hospital Cottages for Children, at Baldwinville, Mass. This is a charming place for children only, and results show how much can be done if the disease is taken in time. The hospital land is about four hundred acres, and abounds in groves of pine and other trees, so that the children have plenty of room to play. Besides epilepsy, nervous disorders and deformities are taken here. The village of Baldwinville is in Worcester County, Mass.

Silver Cross Home, Port Deposit, Maryland. This is perhaps the smallest home of any, only three acres of land belong to it, and only women and girls are admitted. Situated on a steep hill, overlooking the Susquehanna River, in the little town of Port Deposit, it has one of the most beautiful views to be found anywhere, and watching the excursion boats come up the river from Baltimore is always a pleasure to the patients, as very often their friends and relatives come by boat to see them. The home was opened in 1891, by the King's Daughters of Maryland, and they have done all in their power to make it comfortable in every way, and most of the patients appreciate

their home and all that is done for them. Only sane epileptics are admitted, and the improvement in most of them shows what can be done by quiet, happy homes and watchful care.

The Michigan Home, at Lapeer, Michigan, was opened in 1895, for feeble-minded and epileptic, and, so the story goes, from every State comes the cry for more room and special buildings for the afflicted ones.

The beauty of these homes must be seen to be understood. Everything that is beautiful in nature, joined to the aid of science and skill, is done to make those happy who are suffering from the most mysterious disease known to man.

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New Municipal Hospital.

The Erie County Medical Society and the Buffalo Academy of Medicine have petitioned the Common Council for an appropriation of \$250,000 for a municipal hospital for contagious diseases. They enlisted the assistance of various organizations and a public hearing was held on the afternoon of October 29.

The Buffalo City Federation of Women's Clubs being asked to co-operate, the work was referred to the Municipal Committee, of which Miss Sylveen V. Nye, of the Nurses' Association, is chairman.

Miss Nye immediately communicated with all the women's organizations in the city, not only the thirty-five clubs comprising the Federation, but the Catholic clubs, hospital boards and superintendents of hospitals and other institutions. If numbers count the hospital should be built immediately, as the Council chamber was filled with women. Those speaking for the project were as follows:

ORDER OF PROCEDURE.

1. Opening addresses, Dr. Julius Ullman, Academy of Medicine; Dr. J. D. Bonnar, Erie County Medical Society.
2. Demonstration of tack-maps, Dr. Franklin C. Gram, Department of Health.
3. Effect upon death rate, number of cases, avoidance of sequelæ, etc., Dr. De Lancey Rochester.
4. Plans for such a hospital, its cost, maintenance, attitude of local hospitals regarding contagious wards, Dr. Renwick R. Ross, Superintendent Buffalo General Hospital.
5. Statistical reasons why we should have a contagious hospital—letter from Health Com-

missioner Wende. Communication from Board of Health, Dr. Robert F. Sheehan.

6. Mayor J. N. Adam.

7. Buffalo City Federation of Women's Clubs, Dr. Mary Innis Denton, Miss Sylveen V. Nye; Teachers' Association, Dr. Marie Wolcott; Mothers' Club, Mrs. Edward Dold; Women's Physicians' League, Dr. Cora Lattin; Principals' Association, Dr. Adelbert G. Bugbee; Labor and Trades Council, Mr. John Coleman; Italian-American Business Men's Association, Dr. Charles Borzillin; Polish-Americans, Dr. Francis Fronzak.

At the close of the hearing Councilman Haffa offered a resolution directing the Corporation Counsel to prepare an act for introduction in the Legislature authorizing the city to issue \$250,000 in bonds to provide for a site and building. The resolution was adopted.

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New Homeopathic Hospital.

The first sod for the new Homeopathic Hospital, Buffalo, which is to be erected at the corner of Linwood and Lafayette avenues, at a cost of \$200,000, was turned on October 21 by Mrs. George Plimpton, president of the Advisory Board. In ten minutes after the ceremony her dainty spade, tied with roses, was replaced by a steam shovel, and the work of excavation was under way. It is expected that the building will be completed a year from next Spring.

The sod-turning began with an invocation by Rev. Edwin H. Dickinson, D. D., pastor of the North Presbyterian Church. Alderman William H. Crosby, president of the Board of Trustees, then presented Mrs. Plimpton with a spade on behalf of the trustees. She also received a tiny shovel, prettily engraved, from the Associate Board, the presentation being made by Mrs. Annie W. Lee.

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The New Hospital for Children.

Perhaps no fortune made in Buffalo has ever returned to the city such material benefit as has the Gates property—the three sisters, the late Elizabeth Gates, Mrs. Charles Pardee and Mrs. William Hamlin—joining with their mother in the enormous contributions to the General Hospital, and Mrs. Pardee standing alone in building the beautiful new Children's Hospital in Bryant street, which was opened for inspection on October 21.

The history of the Children's Hospital from

the day of its foundation to the present has been remarkable and unusual in its exhibition of the generosity of women, and in women's devotion to little children. Sixteen years ago the need of a hospital for little children was discussed by a little band of women, and two of them, Miss Martha T. Williams and her mother, Mrs. Harriet Howard Williams, set about meeting that need.

They purchased the property now known as the Old Hospital and put the building in condition by remodeling and rebuilding and donated the free use of it for a children's hospital, a Board of Trustees and managers having organized to manage such an institution. At the death of Mrs. Williams, in 1887, her daughter, Miss Martha Williams, deeded the property to the Board of Trustees, an act of generosity that so long as the Children's Hospital shall stand, will keep green the memory of the mother that has gone, and bless the life of the daughter through the lives of restored health of the hundreds of children, who through all these sixteen years have been benefited in the Children's Hospital.

Science, growth, modern invention and scientific improvements, greater attention to public health, have all worked together in necessitating a larger, more sanitary, more adequate place wherein to care for the afflicted children of the city, and again with no demand upon the public, a woman stepped forward—Mrs. Charles Pardee—and offered to build entirely a Children's Hospital that would in every particular meet all requirements of sanitation, capacity, convenience, comfort and utility. The new building stands on the ground adjoining the Old Hospital lot, in Bryant street and facing Oakland place.

Not only has Mrs. Pardee built the new hospital, but she has finished and furnished it completely, outside of the memorials and specially furnished rooms.

Nothing in the way of scientific apparatus, modern inventions, excellence in ventilation, heating and plumbing, has been omitted throughout in the operating rooms, in the cuisine, the four diet kitchens, the laundry, the baths, toilet rooms—everywhere are the finest and best appliances and conveniences. The nurses' quarters, their dining room, sitting room, the servants' quarters are all constructed and furnished with the intention of making service in the hospital a thing of joy.

In the Nursing World

ARTICLES IN THIS DEPARTMENT, WHETHER BEARING SIGNATURE OR NOT, ARE CONTRIBUTED, AND DO NOT NECESSARILY REPRESENT THE IDEAS OR POLICY OF THIS MAGAZINE.

Ohio State Nurses' Association.

The Fifth Annual Meeting of the Ohio State Association of Graduate Nurses was held at Hotel Secor, Toledo, Ohio, October 20 and 21.

There was a very interesting programme, which included addresses by Mr. Brand Whitlock, Mayor of Toledo; Dr. C. N. Smith, President Academy of Medicine, Toledo, and Miss Katherine Mapes, President of the Association.

Reports were read of the International Congress on Tuberculosis, and the Convention of the Nurses' Associated Alumnae. Present methods of hospital training, special advantages to the pupil nurse and the hospital, as compared with former methods, was presented by Miss Anna Lamson, of Akron. New methods in surgical nursing were told about by Miss Elizabeth N. Ellis, of Cleveland, and new methods in medical nursing by Miss K. Ellison, of Dayton.

A paper on Nursing in Diseases of the Eye and Ear was presented by Miss Florence A. Bishop, of Cincinnati. Red Cross Work and Babies' Dispensaries were other matters of interest presented.

The social features were luncheon at Robinwood Hospital, tea in St. Vincent's Hospital, reception at Hotel Secor, luncheon at Hotel Secor, and reception at Toledo Hospital. Miss Mary E. Pierson, of Columbus, was elected president. The next meeting will be at Columbus in 1909.

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The South Carolina State Graduate Nurses' Association.

The second annual meeting of the South Carolina State Graduate Nurses' Association was held in the Columbia Hospital at Columbia, S. C., October 30, 1908.

The session was opened with an address by Dr. Guignard, in which she gave some good advice and words of encouragement to the nurses, urging them to do everything in their

power to raise the standard of the nursing profession.

In the absence of the president, Miss Furman was elected temporary chairman. The minutes of the previous meeting were then read and accepted. There were twenty-two graduate nurses present.

The annual election of officers was held, with the following result:

President, Miss L. V. Jones, of Charleston, S. C.; first vice-president, Miss S. Furman, of Sumter, S. C.; second vice-president, Miss E. C. Lartigne, of Columbia, S. C.; secretary, Miss Lila M. Davis, of Sumter, S. C.; treasurer, Miss Agnes E. Coogan, of Charleston, S. C.

The principal business transacted was the discussion of the bill for State registration of nurses, to be presented at the next session of the Legislature.

Mr. M. L. Smith, a prominent member of the Legislature, who had shown some kindly interest in our behalf, and who had been invited to meet with us to discuss and criticize the proposed bill, was present and discussed the measure freely, giving his advice and opinion. He made many suggestions, and promised not only to present our bill at the next session of the Legislature, but also to do all that he could in favor of its passage. A vote of thanks was then tendered Mr. Smith by the association.

A committee was appointed to meet the members of the Legislature during its session in January. It consists of the president, Miss L. V. Jones, of Charleston, and Misses Lartigne and Seay, of Columbia.

The association was tendered an invitation by the Charleston delegation to hold its next meeting in Charleston, the date of same to be decided later. This invitation was accepted.

There was an intermission for a short while during which quite a delightful luncheon was served and much enjoyed. Upon motion the meeting then adjourned, having been voted by all present as a success in every way.

Illinois State Nurses' Association.

The Annual Meeting of the Illinois State Association of Graduate Nurses was held at the Oriental Hall, Masonic Temple, Chicago, Wednesday, November 11, with the following programme: Morning session opened at 10 o'clock. Rev. Caroline Bartlett Crane, paper, "The Need of Nursing in the County Alms Houses." Followed by Miss Julia C. Lathrop. 2 P. M., Business Session. Report of the delegate to the Illinois Federation of Women's Clubs. Report from the State Board of Nurse Examiners. Election of the Association Officers announced. Election of Directors. Question Drawer.

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Graduate Nurses of Connecticut.

Copy of resolutions adopted by the Graduate Nurses' Association of Connecticut at its quarterly meeting, November 4, 1908:

Whereas, The question of woman suffrage, being a subject beyond the limits of our profession's consideration and a subject on which it has no reason for deliberation or right to an opinion,

Be it resolved; That the Graduate Nurses' Association of Connecticut heartily endorses the action of the Associated Alumnae of the United States in its refusal to adopt resolutions in favor of woman suffrage. And be it further

Resolved; That this association deprecates any and all attempts to bring any extraneous and unprofessional matter before our nurses' associations for their consideration, approval or acceptance.

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American National Red Cross.

The annual meeting of the New York County Subdivision of the American National Red Cross was held Wednesday afternoon, October 28, at the residence of the Hon. and Mrs. George B. McClellan, No. 10 Washington Square, New York City.

The discussion centred on the movement of the organization toward the institution of day camps for persons afflicted with tuberculosis. In addition to the other successful camps in this State the society is hopeful of being able to raise \$5,000 for the final establishment of a local camp on the roof of Vanderbilt Clinic and for this and similar purposes will place on sale so-called "Christ-

mas stamps" at one cent each. The sale of these stamps has brought in a considerable revenue in other sections.

Dr. S. A. Knopf pointed out the necessity of night camps to take care principally of tuberculosis patients who lived in congested tenement quarters.

Robert C. Ogden was re-elected president of the organization for the ensuing year; Miss C. S. Leverick, secretary; Jacob H. Schiff, treasurer, and Mrs. Douglas Robinson, Mrs. J. W. Brennan and S. N. Warren, vice-presidents. A surplus of \$542 was reported on hand.

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Camp Roosevelt.

The regular meeting of Camp Roosevelt will be held on Wednesday, December 2, at No. 596 Lexington avenue, New York, from 2:30 to 5. All Spanish-American War nurses are cordially invited to be present.

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Boston, Mass.

The thirteenth Annual Meeting of the Massachusetts General Hospital Alumnae Association was held in the Thayer Library, October 27, 34 members in attendance. After some discussion a motion was made and carried to drop the initiation fee and raise the annual dues to \$2. The election of officers followed: President, Miss Emma A. Anderson; first vice-president, Miss Helen Clair; second vice-president, Alice O. Tippet; treasurer, Miss Annie H. Smith; secretary, Miss Mary L. Cole; auditors, Miss A. McCrea and Miss Helen Finley. The usual social hour followed, Miss Dolliver presiding at the tea table.

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Waltham, Mass.

At the annual meeting of the Corporation of the Waltham Training School for Nurses on October 14, 1908, the following members of the board of trustees, all of them graduates of the school, were elected members of the Corporation: The Misses Daniels, Fiske, Zwicker, Nicol, Fay, J. A. Briggs, Mrs. Lorin Macdonald and Mrs. Leroy D. Tinker. Seven other graduates not heretofore members of the board of trustees were also elected members of the Corporation, as follows: The Misses Melick, Cameron, Folger, Lee, M. Sanderson, Susie

O'Neil and Mrs. Hagar. Miss Daniels was elected to serve with the officers of the trustees as a member of the executive committee for the ensuing year.

The school committee in Waltham, Mass., has begun the medical inspection of school children this Fall. The schools have been divided into four groups, with a doctor in charge of each group. The offer of the Waltham Training School to provide a nurse for one year free of charge has been accepted and the school nurse entered upon her duties the first of October. On the evening of November 5, Dr. Margaret E. Carley, supervisor of school nurses in Boston, spoke to parents, doctors and nurses at the High School Building in Waltham.

Miss Meda Sanderson, of the class of 1906 of the Waltham Training School for Nurses, has accepted the position of matron of the Diphtheria Hospital in Cambridge, Mass.

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Hartford, Conn.

The thirtieth annual commencement exercises of the Hartford Hospital Training School for Nurses were held at 8 o'clock, October 30, in the South Park Methodist Church, before a large assemblage of interested friends.

After the opening prayer by Rev. Dr. Samuel Hart, Dr. Gurdon W. Russell, for many years a member of the hospital Executive Committee, spoke a few words concerning the growth in size and importance of the school. Dr. Harmon G. Howe, president of the Board of Directors, also spoke of the growth of the school and its added equipment and teaching force.

The special address to the graduating class was given by Miss Clara Noyes, superintendent of St. Luke's Hospital of New Bedford, Mass. "Opportunities and Responsibilities of the Trained Nurse" was the subject.

The presentation of diplomas was made by Dr. W. D. Morgan, chairman of the Executive Committee. The graduates are: Hazel Ballou Twiss, Lucy Agnes Quinlan, Ida Belle Whitbeck, Florence Emily MacKenzie, Julia Johnson, Maud Louise Clark, Lillie Roe Davis, Lavina Elizabeth Embleton, Olive Antoinette Eddy, Louise Maud Pinder, Mazie Keating, Elizabeth Helen Hennessey, Mary Lincoln Streeter, Ethel Soby, Maude

Dorcas Minds, Nellie Beatrice Armstrong, Esther Charlotte Johnson, Edith Louise Leonard and Frances Jean Jenkins.

Rev. Elmer A. Dent closed the exercises with prayer and the graduates left the church during the playing of "The National Emblem," by Bagley. Immediately after the close of the programme a reception was given at the Nurses' Residence, at which a large number were present to join in congratulations to the graduates.

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Nurses' Association of Buffalo, New York.

The Homeopathic Hospital nurses had charge of the programme of the November meeting of the Buffalo Nurses Association. Miss Anna Ballantyne, who has charge of the nursing work of Welcome Hall, read a most excellent paper on the subject of district work among the poor. Miss Muriel Pettit had charge of the musical programme and Mrs. Edward Duane Swift gave selections from Riley and a most amusing impersonation of "the friendly visitor to the sick." The latter was of Mrs. Swift's own composition and was suggested to her during a long illness, when well meaning friends would talk of dismal topics and suggest all sorts of calamities, etc.

Mrs. Henry Altman, an honorary member and vice-president of the New York State Trades School for Girls, was present and gave a brief resume of the achievements and possibilities of that institution from its earliest history. Mrs. Altman has been an indefatigable worker for the school and its establishment, and its success is due in no small measure to Mrs. Altman's zeal.

Miss Alice McSwiggan, Mrs. Margaret Dreger, Miss Catherine Cullinane, Miss Lenora Kennely and Miss Margaret Williams were elected to membership.

Delegates to the City Federation of Women's Clubs were elected as follows: Miss Nellie Davis, president of the association, delegate ex-officio; Mrs. Jennie T. Anderson; alternate, Miss Carrie Steele.

Miss Jessie Hendry, a graduate of Parkdale Hospital, Toronto, and a post-graduate of the General Memorial Hospital of New York, is now clinic nurse at the German Deaconess Hospital of Buffalo; the head nurses are Miss Elinor Parkinson, a gradu-

ate of the Women's Hospital of Detroit, and Miss Alice Brown, a graduate of Pontiac Hospital. The superintendent is Miss Gertrude Breslin.

Miss Katherine Fink, a graduate of Erie County Hospital of Buffalo, has accepted a position in the Cottage State Hospital at Mercer, Pa.

Miss Josephine O'Brien, formerly superintendent of Alden Hospital is clinic nurse at Columbus Hospital, Buffalo.

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Vassar Hospital Alumnae Notes.

The Alumnae Association of Vassar Brothers' Hospital gave a Hallowe'en party in the library building on the hospital grounds, Saturday evening, October 31. The rooms were handsomely decorated with Autumn leaves, potted plants and jack-o'-lanterns. The guests came attired as ghosts and witches, of which there were about forty. A musical programme was given by the pupil nurses, after which the usual Hallowe'en games were played. Refreshments were served and dancing was indulged in. The favors varied and created no little fun. All agreed to having spent a most enjoyable evening.

Miss Amy McCreery, R. N., of the first class graduated from our school, returned to Lakewood, N. J., November 1, where she has a position for the Winter at the Lakewood Hotel. She has just finished a post-graduate course in surgical work at the Hillcrest Hospital, Pittsfield, Mass. Previous to that she gave a course of lectures in hydro-pathology to a class of nurses in the West.

Miss Claribel A. Wheeler, R. N., has accepted the position of supervisor of nurses at Vassar Brothers' Hospital.

Miss Mabel Foutner, R. N., has returned to this city to take up nursing again, after an absence of two years.

Miss Mary E. Still, class '05, has returned from an extended trip in the West. One of her stopping places was Chicago, where she visited her sister, Mrs. Charles Schoonover, formerly Miss Gertrude Still, class 1900.

Miss Grace Palen, R. N., left the early part of November for Cumberland, Wis. She expects to stay the Winter.

Miss Leila Bennett, R. N., stopped over a train here recently on her way from New York to Canada.

Philadelphia, Pa.

At the end of the Summer term, 1908, seventeen students received their diplomas at the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia, in the following branches:

In the Swedish system of massage, medical gymnastics, electro and hydro-therapy: Julia Crosby Wight, of New Hamburg, N. Y. (graduate Bellevue Hospital, New York; head nurse of Emergency Hospital, Bellevue; asst. supt. Englewood Hospital, Englewood, N. J.; resident nurse at Wellesley College Hospital, Wellesley, Mass.). Delphina E. Capling, Cannington, Ontario, Canada, (graduate St. Luke's Hospital, Newburgh, N. Y.; resident nurse at Wellesley College Hospital, Wellesley, Mass.). Annie Rebecca Wallace Moore, Collingwood, Ontario, Canada, (graduate Collingwood General and Marine Hospital, member Graduate Nurses Association of Ontario). Myrtle Edith Sherbon, Colfax, Iowa, (Victoria Sanitarium, Colfax, Iowa). Harriet Cleek, Lexington, Kentucky, (graduate Good Samaritan Hospital, Lexington, Kentucky; post-graduate Free Hospital for Women, Brookline, Mass.; head nurse of Infirmary of Eastern Kentucky Asylum for the Insane; head nurse of Dr. Cowan's Private Hospital, Danville, Kentucky; member State Association of Graduate Nurses of Kentucky). Edna M. Zimmerman, Allentown, Pa. Wavie H. Stiles, Sioux City, Iowa, (Samaritan Hospital, Sioux City, Iowa; member of Sioux City Graduate Nurses Association and Iowa State Association of Registered Nurses). Florence Victoria Schell, Wallum Lake, R. I. Westboro Insane Hospital, Westboro, Mass.; Rhode Island State Sanatorium, Wallum Lake, R. I.) Jane A. Harding, Newark, N. J.; Besse Pelton, Mt. Vernon, Ohio; Edward McDonald, Bridgeport, Conn. In the Swedish system of Massage, Medical Gymnastics and Electro-Therapy, Ritie B. Spohr, Hoboken, N. J. In the Swedish system of massage and medical gymnastics, Frances M. Reyner, Ansley, Nebraska.

(Dr. Bailey Sanatorium, Lincoln, Neb.; member Nebraska State Association of Graduate Nurses.) Katherine Fischer, Philadelphia. Stella Marie Waterhouse, Maitland, Florida. (St. Barnabas Hospital, Newark, N. J.; Harris Sanatorium, Orlando, Florida; member of New Jersey State Association of Graduate Nurses.) Mary Ann Nolan, Providence, R. I. (Providence Lying In Hospital, Providence, R. I.) In hydro-therapy, Lidie E. Keffer, Philadelphia.

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Columbia, Pa.

A meeting of the graduates of the Columbia Hospital was held Wednesday, August 19, 1908, at that institution, the object being to organize an *alumnæ* association.

The following were present in person or by proxy: Miss Agnes Aherne, '98; Miss Anna K. Essig, '00; Miss Daisy I. Shutter, '03; Miss Nellie L. P. Lindemuth, '04; Miss Violetta I. Patterson, '04; Miss Rhoda V. Anderson, '05; Miss M. Alice Flory, '05; Miss Marion R. Christman, '07.

The following officers were elected for the ensuing year: President, Miss Nellie Hayes, now Mrs. C. L. Wilts, '97; first vice-president, Miss Agnes Aherne, '98; second vice-president, Miss Nellie F. P. Lindemuth, '04; recording secretary, Miss Rhoda V. Anderson, '05; corresponding secretary, Miss Daisy I. Shutter, '03, and treasurer, Miss Anna K. Essig, '00.

A committee composed of the following was appointed to draw up the constitution and by-laws: Chairman, Miss Daisy I. Shutter, '03; Miss Agnes Aherne, '98; Miss Violetta I. Patterson, '04; Miss M. Alice Flory, '05; Miss Marion Christman, '07.

The honorary members elected were Miss Johnnie W. Kell, Miss Tobey (now Mrs. B. Kauffman), Miss S. E. Conklin and Miss L. G. Townsend.

A communication was read informing the association that the registration of the Training School of the Columbia Hospital has been obtained in the State of New York.

A vote of thanks was tendered Miss Townsend, the superintendent, for the great interest manifested in bringing about the organization of the *alumnæ*.

The meeting then adjourned to meet in the afternoon of Commencement day.

After refreshments served by Miss Towns-

hend, the members visited the buildings and expressed great interest and pleasure in the nurses' home, which is near completion.

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Dayton, Ohio.

On October 14 the opening meeting of the Graduate Nurses' Association of Dayton and vicinity for the year 1908-1909 was held at the Memorial Home of the Miami Valley Hospital. Dr. L. G. Bowers gave a very interesting talk on "Post-operative Care of Abdominal Cases." The different committees presented their reports, showing the work had not been entirely forgotten during the Summer. There was a good attendance. A social hour followed adjournment.

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Louisville, Ky.

The *Alumnæ* Association of John N. Norton Memorial Infirmary of Louisville, Ky., held its fourth annual business meeting, Wednesday, October 21, at the Nurses' Home. Twenty-five nurses were present. A successful year was reported with ten new members.

Officers elected were as follows: Miss Anna E. Reice, president; Miss Elizabeth Robertson, first vice-president; Miss Anna Flynn, second vice-president; Miss Ella C. Francis, secretary, and Miss Emma Isaacs, treasurer.

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Des Moines, Ia.

The first annual banquet of the *Alumnæ* Association of the Mercy Hospital Training School for Nurses was held on the evening of October 8 at Hotel Chamberlain. The dinner was elaborate in every detail and was served in one of the handsome private dining-rooms. Covers were laid for thirty guests who were seated at tables prettily decorated in pink and green, the class colors. Following the banquet a number of interesting toasts were given and this was followed by a dancing party at the Shrine Temple, in honor of the late graduating class. The hall was elaborately decorated in ferns and pink roses and draperies of pink and green. The frappe bowl was presided over by Mrs. Mary White and Miss Mailander. To the strains of the music afforded by Henry's Orchestra a programme of dances was enjoyed until a late hour, the whole entertainment being one to be remembered.

A bazaar for the benefit of the Visiting Nurses' Association of Des Moines, was held November 4-5. The nurses have been busy since April making needle gifts and useful household articles for sale at this time, and have been quite successful in the undertaking. The Committee of Arrangements were Mrs. J. H. Duro, Misses Campbell, Woods, Bunch, Bristol and Mrs. J. W. Tyrrell.

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Grand Rapids, Mich.

Hallowe'en night was observed by the nurses of U. B. A. Hospital at their lodge. A masquerade dancing party was made the mode of entertainment, and about fifty couples enjoyed the event.

All the rooms in the lodge were decorated in accordance with the traditions of the holiday. Ferns and flowers predominated in the dancing room, while in the basement, where the refreshments were served, corn, pumpkins and other farm products gave the surroundings a rural touch.

The costumes were arranged principally with a view to the representing of fairies and witches, and offered a wide range of designs. Dancing followed the grand march, and the grotesque appearance presented by the dancers made the affair enjoyable for even those who were not tripping the light fantastic.

The regulation Hallowe'en refreshments were served, and various games, in addition to dancing, were enjoyed. A bevy of pretty nurses, dressed to represent Japanese maidens, formed the Entertainment Committee.

The commencement exercises of the Butterworth Hospital School for Nurses were held in the St. Cecilia Auditorium, Grand Rapids, Mich.

The address was given by the Rev. A. W. Wishart. Mr. Harvey Hollister, acting as chairman, in the absence of Mr. Edward Lowe, president of the Board of Trustees, presented the pins, and Dr. Richard R. Smith presented the diplomas to the graduating class. A delightful musical programme was given. It was a great pleasure to have such a large number of graduates present, wearing their white uniforms and they entered immediately after the pupil nurses.

The following are the names of the graduating class: Blanche Eckardt, Ella May McIntyre, Florence E. Fisher, Annie M.

Speers, Nell Wood, M. Sinclair Redhead, Eva Alice Gregg, Jean M. Clark, Alice M. Stuart, Alfreda M. Galbraith.

The school is under the able supervision of Miss E. G. Flaws.

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Brainerd, Minn.

The seventh annual commencement exercises of the Training School for Nurses of the Brainerd Hospital were held in Elks' Hall on the evening of October 23.

The meeting was called to order by Dr. Walter Courtney. The divine blessing was invoked by Rev. J. R. Alten, the chaplain of the hospital, after which Miss Laura Whitaker, the Superintendent of Nurses, read the report of the school. Dr. W. E. Beebe, of St. Cloud, delivered the address to the class.

The diplomas were presented by W. A. Laidlaw, of St. Paul, secretary of the association, who paid a fine tribute to the work of Dr. Courtney and Miss Whitaker and their assistants in the work of the hospital and training school. In addition to the diploma he presented each member of the class with a class pin, the pin or badge being a gold and enamel reproduction of the Northern Pacific symbol, with the date of the class engraved thereon.

There was also a fine musical programme. The members of the class are Mable Sara Cole, Katherine Pearl Morgan, Chloe Mary Start and Clara Alma Watson.

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Denver, Colo.

The regular monthly meeting of the Colorado Training School Alumnae was held at the home of Miss L. G. Welch, October 13. Following the business meeting first was a very interesting discussion on obstetrical nursing and the care of children, and then a very pleasant social time was enjoyed by all present. Each guest received a pretty Hallowe'en souvenir.

Miss Luella Fowler, R. N., has resigned her position as superintendent of nurses at the City and County Hospital, Denver, Colo., which she has so efficiently filled for six years. Her associates are sorry to lose her.

Miss Lillian O'Neil, class of 1902, resigned her position from the Visiting Nurses Asso-

ciation of Denver to take up similar work in Old Mexico City. The Alumnæ feels the loss of a good worker.

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Born.

Mr. and Mrs. Dennis Sullivan, of Hall place, Albany, N. Y., are rejoicing over the birth of a daughter, Margaret Geraldine, born October 3. Mrs. Sullivan was formerly Miss Katherine Phelan, who graduated with the class of 1905, Troy City Hospital.

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Married.

At Wilmington, N. C., Sept. 30, 1908, Amoret Burriss Canady and Mr. Neill McArtan Davis were united in marriage by Rev. A. D. McClure, D.D., pastor of St. Andrew's Presbyterian Church. Miss Canady is a graduate of the class of 1908, St. Luke's Hospital, Fayetteville, N. C., was once the assistant head nurse of St. Luke's, and holds a diploma for her efficient work from there. Mr. Davis is a business man of Florida, formerly of Fayetteville, N. C. Mr. and Mrs. Davis will make their future home in Florida.

A very pretty wedding took place when Miss Margaret Cahill, a graduate of Hotel Dieu, class of '06, New Orleans, became the wife of Mr. Robert Emmett Tracy. The wedding took place at St. Alphonsus Church, New Orleans, in the presence of a large number of friends. The wedding ceremony was performed by Rev. Father Cahill, brother of the bride.

A large number of costly and beautiful presents were received. After a short wedding trip the couple will make their home in New Orleans, where the groom is a valuable employe in the office of the Illinois Central Railroad.

Miss Aleen Prince, of Texas, graduate of Charity Hospital, class '07, to Mr. William Cooke, of New Orleans, La. This little romance which ended so happily was begun while Miss Prince was in training and Mr. Cooke a patient in the hospital.

On November 4, at the Hotel Manhattan, New York City, Sabra I. Hunter, class 1902, Metropolitan Training School, Blackwell's Island, N. Y., to Clarence W. Dağesman, M.

D. The ceremony was performed by the Rev. A. T. Pindell, from Cockeysville, Md.

In Chicago, September 19, 1908, Miss Alicia Kay to Mr. Walter R. Knapp. Miss Kay was of the class of 1902, Mary Thompson Hospital, Chicago, Ill.

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Personals.

Mrs. M. E. Burns is establishing a nurses' school at Nanking, China. Mrs. Burns is also teaching in three hospitals, giving a lecture daily, besides having a daily supervision of a hospital of 120 patients and a number of outside patients.

Miss Eda M. Lucas, of the Protestant Hospital, Columbus, Ohio, who has been in the Philippine Islands for the past year, has accepted a position as assistant to the Dean of the Young Woman's Dormitory, of the Normal School of the Philippine Islands, at Manila. Miss Lucas has charge of the hospital and teaches Domestic Science three times a week. There are 140 native girls in the Dormitory, forty of whom are studying nursing with a four-year course. The first year is devoted to study, the second to hospital work in the different hospitals of the city, the third and fourth to hospital work and lectures.

Miss Margaret Spohn, one of Des Moines' most prominent nurses, is having a protracted siege of typhoid fever, which she contracted while nursing the disease.

Miss Cora Cole, graduate of Independence State Hospital, now one of the capable registered nurses at Dr. Gushom Hills Sanatorium, Des Moines, Iowa, is spending several months in charge of a patient at Biloxi, Miss.

Miss Eva C. Humphrey, '08, New York City Training School, graduated with honors at the head of her class, and takes the three gold medals which are awarded for general efficiency.

Miss Grace A. Palmer, a graduate of the Muhlenberg Hospital, Plainfield, N. J., and also a graduate in the Swedish system of massage, gymnastics, electro and hydro-therapy at the Pennsylvania Orthopædic Institute and

School of Mechano-Therapy, Philadelphia, has been appointed instructor in massage to the nurses in training at the Northwestern Hospital, of Philadelphia.

Miss Nina White, a recent graduate of the Waltham Training School for Nurses, has accepted the position of head nurse of the contagious ward at the Waltham Hospital.

Dr. Walter S. Cornell and Dr. Howard A. Sutton, assistant demonstrators in anatomy at the University of Pennsylvania, have been engaged by the Pennsylvania Orthopædic Institute and School of Mechano-Therapy, Philadelphia, as lecturers in anatomy, physiology and pathology to the nurses taking the courses in massage, gymnastics, electro and hydro-therapy at this institution.

Miss Bertha J. Willoughby, Seeley's Bay, Ontario, Canada, a graduate of the Kingston General Hospital, Kingston, Canada, who has recently been appointed as head nurse of the same hospital, has gone to Philadelphia to take the Fall courses of instruction in the Swedish system of massage and medical gymnastics, electricity and hydro-therapy, at the Pennsylvania Orthopædic Institute and School of Mechano-Therapy.

Miss B. Helena Conlon, of Lexington, Ky., has accepted the position of superintendent of nurses at the Mt. Vernon Hospital, Mt. Vernon, Ill.

Miss Julia Littlefield, class of 1905, Troy City Hospital, is now matron and superintendent of nurses in the Physicians' Hospital, of Schenectady, N. Y.

Miss Effie J. White, of Tipton, Iowa, has accepted a position at the Bay Shore Sanitarium and Hospital, Sturgeon Bay, Wis.

Obituary.

The Nurse Alumnae Association of the Woman's Hospital of Philadelphia learned with sorrow of the death of one of their graduates, Miss Anna Cook, who died July 31, 1908. Miss Cook was an Alumnae member singularly gifted with great force of character and true Christian principles, one who devoted her life to helping others. She gave to her profession a willing spirit for the ad-

vancement of all pertaining to nursing, and we greatly mourn her loss:

Whereas, It has pleased Our Heavenly Father to take her from us, be it therefore

Resolved, That we as an Alumnae Association express our deepest sympathy to her family, and be it further

Resolved, That a copy of these resolutions be sent to her family, and recorded in the minutes of our association and sent to the The Trained Nurse.

HELEN F. GREANEY.

ANNA M. PETERS.

ADA M. ANGLE.

Committee.

Philadelphia, Oct. 8, 1908.

Miss Sadie E. Huntoon, graduate nurse, class of 1898, of the Lowell General Hospital, Lowell, Mass., and afterward of the Eye and Ear Infirmary, of Boston, Mass., School of Massage, Boston, Mass., Head Nurse in a private sanatorium, San Antonio, Texas, died after an illness of nearly three years. Miss Huntoon was a capable nurse and esteemed by all who knew her.

At the regular meeting of the Nurses' Alumnae Association of the Lowell General Hospital the following resolutions were adopted:

Whereas, A wise and just Providence has seen fit to remove from our midst our beloved friend and sister; therefore be it

Resolved, That we, the members of the Alumnae Association, do herewith express our deepest sorrow and appreciation of her sterling qualities, her genial and loving disposition, and her loyalty to her profession.

Resolved, That we extend to her relatives and friends our deepest sympathy for them in their great affliction.

Resolved, That a copy of these resolutions be sent to her bereaved family, placed on the minutes of this association and published in The Trained Nurse.

MISS MARY REAGAN.

MISS PAMELA S. OUILLETTE.

MRS. W. J. RODDEN.

Suddenly, in the Civil Hospital, Manila, P. I., Edith Mason Loskott, late of the Army Nurse Corps. Her husband and a little son, 2 years and 5 months of age, survive her.

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 50% wool.
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 Extra sizes..... 1.65

672 White and Silver Winter weight merino,
 75% wool.
 Sizes 8-6.....\$2.00
 Extra sizes..... 2.50
 140 White and Silver Heavy weight merino,
 85% wool.
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264 U White Heavy weight fleeced cotton
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Broadway,

New York

The Editor's Letter-box

The International Congress on Tuberculosis.
To the Editor of The Trained Nurse:

To all of us who have had the privilege of attending the International Tuberculosis Congress at Washington has come a more definite knowledge of the world-wide interest in the dread disease, and the advancement that has been made in the fight against it.

From all over the world have come exhibits showing the active work being carried on in the respective countries, work which may be varied in detail, but fundamentally speaking is the same.

The intense interest in the different sessions, evinced alike by laymen as well as members of the medical profession, shows the eagerness to learn more about this disease which so vitally affects all our lives, and which in time we hope to eradicate through the combined efforts of the Nations.

To all of us, working and striving in the fight against the "White Scourge of the Twentieth Century," so called by Dr. Wallace Hatch, secretary of the Pennsylvania Society for the Prevention of Tuberculosis, in his address at the Social Workers' Session, we find this Congress, and the Exhibit in connection with it, of great impetus to us in the furtherance of this work, and we go back to our respective duties filled with much acquired knowledge, and I fear, also, the feeling of lack of satisfaction in what we ourselves are doing.

Nurses have taken an important part in this gathering. The Nurses' Session, which was held on the morning of October 1, perhaps did more to show the value of the Trained Nurse, both as a social and professional factor in the campaign, than has heretofore been brought before the public.

Many interesting and instructive papers were read by women engaged in sanitarium, district, social and private tuberculosis work. The hours for the session being few, there was hardly time to discuss to any extent the various methods and ideas suggested by the

papers, but a few of them were discussed, and addresses were made by Dr. J. S. Fulton, secretary-general of the Congress, and various other physicians, expressing their appreciation of the nurses' work. Dr. Wm. C. White, of the Pittsburg Tuberculosis League, spoke in a general way of the effective work of trained nurses in the campaign, and particularly of the work of the school nurses of Pittsburg, of which Miss Bertha L. Stark is the head. Miss Stark's work is a valuable lesson to us all, and was most highly commended. In trying to educate the school children to the dangers of tuberculosis and instructing them in the general hygiene of life, she is undoubtedly doing not only the coming generation of Pittsburg an untold good, but also the world in general.

Various visiting nurses' societies entered exhibits in the Department of Health Sections of their States or under a State society, notable ones being New York, Philadelphia, Providence, Baltimore and Boston, all of which showed much careful work and forethought, and illustrates more than anything else the work being done by nurses in this campaign.

The social side of the tuberculosis work has been emphasized at this Congress, and the social development of Nurses' work. This was illustrated by papers read by various women engaged in the social service departments of hospitals and institutions.

The attendance at the exhibit and at the Congress when it was in session has been phenomenal. Owing to the unfinished condition of the Museum there were many complaints as to the housing of the exhibits and the lack of acoustic properties, but on the whole the Congress was more than a success, and the impressions made were of untold good.

The people of Washington gave a great deal of enthusiastic aid and the daily attendance at the Congress, irrespective of the delegates, has been tremendous. The building



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and
the
Fairest Faces
are
always
Natural.*

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TOILET AND BATH

was continually crowded with people, eager to learn all they could about the cure and prevention of this disease, which, up to a very short time ago, was deemed incurable.

Wednesday, Thursday and Friday of one week were devoted almost entirely to the school children, who were brought in during school hours as part of their work. Thousands of the upper grades of the Washington schools have been shown the exhibit during the day, and have carried the news into their homes, and in the evening bringing back their parents, that they, too, many see and learn.

Saturday was devoted to the teachers of the same schools, endeavoring to awaken an interest that will apply to teacher and pupil alike.

I am sure that one and all of us who were present at this great gathering returned home more than thankful for the opportunity, and the International Congress will soon become part of the history of the medical world.

The Congress was not devoid of its social side; the evening of September 28 a reception to the members of the Congress was held in the Corcoran Art Galleries, and on the afternoon of October 2 President Roosevelt received the members at a reception at the White House. The following day the President addressed the Congress in the Auditorium of the Museum, expressing his sympathy with the tuberculosis movement, and his appreciation of the great work being done to stamp out and prevent the disease.

The Instructive Visiting Nurses' Society of Washington gave a reception at their Home to the nurses attending the Congress, and the Garfield Hospital did likewise, a few nights later. Altogether it was a busy time, full of interest to us all.

M. JACQUES.

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In Answer to Criticism.

To the Editor of The Trained Nurse:

I am very glad to receive Miss Ward's criticism of my paper on "Training Nurses for Institutional Work." I do not believe that Miss Ward's views on the question and mine are radically different. Certainly I would be glad to have all capable head nurses command fair salaries, but I have no idea that paying higher salaries would speedily result in filling hospital positions with capable, thoroughly efficient women. If even the head nurses now

in hospital positions were given an opportunity to become familiar with all phases of hospital management it would be a great gain. But they are not and have not been given those opportunities. The point above all other points which I desired to emphasize was that hospitals—the large hospitals—were making a mistake in expending their whole time and energy in fitting nurses for bedside work, and making no provision for training for heads of departments or to fill the vacancies that are constantly arising in the hospital field. A further point I tried to make was that there must soon be recognized a line of division between a primary nursing course which fits a nurse to care for the individual patient, and an advanced course which also fits a nurse for executive work. The smaller hospitals can do the former; surely some of the larger hospitals, with their corps of trained workers and splendid facilities, can do that and more.

It may be true, as Miss Ward suggests, that six months is not a sufficiently long post-graduate course to prepare a nurse to take charge of a hospital. Time and experience will have to settle that point, but nurses have taken and are taking charge of hospitals without any training, and even a six months' course would have been a boon to many of us who had to learn every lesson by dear experience. Half a loaf is much better than no bread at all. Further time spent on discussing either the over-training of nurses, or the relative advantages and disadvantages of the two and three-year terms, seems to me under the present conditions a waste of time. That, too, is a question which the hospitals themselves will settle, if given time. All I ask is that the smaller hospitals are not forced by law to give a three-year course, when they are manifestly unable to do it, and that the larger hospitals that do claim to give a three-year course give something that is more valuable in the third year in the line of training than is given in two-year schools. Many of the large hospitals are well equipped to make a third year valuable, but it is equally true that many of them have failed to do so.

Certainly I have nowhere nor at any time advocated giving nurses "the merest smattering of knowledge." I have pleaded for simplicity and thoroughness, and system, and opposed the attempt to cover so much ground

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that thoroughness becomes an absolute impossibility. I have protested against burdening the pupil nurse with so much that was unnecessary that the real practical essentials which should have been taught thoroughly are crowded out. It may be true, as Miss Ward states, that "high school graduates begin teaching as soon as they get their diplomas," without any instruction in methods of teaching, but this is not true of Canada, where I received my education. In Canada there have been, as long as I can remember, what are called "model schools," and "normal schools,"

which prospective teachers were obliged to attend, before they were permitted by the provincial educational board to teach. There are many nurse superintendents who have been teaching for years, who would gladly avail themselves of some instruction in methods of teaching and class-room management, and I still think the inexperienced nurse graduate would make a more efficient head nurse if she were instructed in some of the foundation principles of teaching.

CHARLOTTE A. AIKENS.

Graduate Nurses' Association of Pennsylvania.

Philadelphia.

The sixth annual meeting of the Graduate Nurses' Association of Pennsylvania was held October 14, 15 and 16, in the College of Physicians and Surgeons, Philadelphia. Miss Roberta M. West presided, and the Rev. Dr. Turnbull opened the meeting with prayer.

The programme consisted of addresses of welcome, the President's annual address and the second day was given up to addresses and discussion on State registration and how to obtain it. On Friday Miss Stanly gave a very interesting account of the school nurses work. Miss Hottstetter gave some very interesting information concerning dispensary tubercular work. Mr. Steinmetz, of the Red Cross Society, also gave a brief address.

Miss West, president, in reviewing the work of the past year, pointed to "The Quarterly," our own official organ. In this magazine will be published our meetings and other items of interest to Pennsylvania nurses. Mrs. M. I. Moyer, business manager, Stratford, Pa., is ready to receive subscriptions, at the rate of one dollar per year.

Miss West urged upon the members that each one should try to aid the Legislative Committee in bringing our bill to the notice of physicians and legislators, explaining its objects and influencing them to take an interest

in the passage of the same. Work in other lines has been for the present laid aside, and great effort is being made to secure the passage of our bill at the next meeting of the Legislature. To this end Miss Ida F. Giles was appointed Field Secretary to stump the State in the interest of our bill, meeting the medical societies and getting their endorsement, explaining the true meaning of our bill to politicians.

The old officers with two new directors were elected to serve the ensuing year as follows: President, Miss Roberta M. West; first vice-president, Miss Elizabeth B. Reid; second vice-president, Miss Lydia A. Giberson; secretary, Miss Annie C. Nedwill; treasurer, Mr. William R. McNaughton; directors, Miss Nellie Cummuskie, Miss Ida F. Giles, Miss Caroline V. Perkins and Mrs. M. I. Moyer.

Wednesday evening the Medico-Chirurgical Hospital entertained, and on Thursday tea was served at the Nurses' Home of the Philadelphia Hospital (Blockley). The luncheons served by the Arrangement Committee were very much appreciated.

On Friday afternoon the meeting adjourned to meet in Williamsport the third week in April, 1909.

Secretary.



Feeding for Operations

In surgical operations which require prompt and immediate action, there is no opportunity to prepare the patient, except as to the toilet which may be more or less imperfect for want of time.

Most operations, however, may be delayed until the patient has had time to build up for the ordeal. This "building up" process is a highly desirable requirement when time is available.

It is especially so in major operations on nervous women, and when the preliminary feeding of the patient is properly carried out the operation itself is more likely to be successful, and in some instances may be modified or found unnecessary.

There is probably no prepared food on the market so well adapted to the requirements of the patient who is to be operated on as grape-nuts. This food is in a class by itself. It is a perfectly **sterilized food**, since it is thoroughly baked, first in loaves, afterwards **sliced**, and again toasted from 12 to 16 hours, so that continuous heat at 200 degrees Fahr. reaches every particle of the food before being ground into the commercial granules.

Grape-nuts, made of whole wheat and barley (malted) contains all the nutritive elements of the cereals, and has a large proportion of the starch converted into dextrin and grape-sugar. The Canadian Government analysis shows 49.5% of this entire food as soluble in cold water, and time of complete digestion, one hour.

With cream, grape-nuts is an ideal food for patients preparing to undergo operation, as it is so easily and promptly absorbed that it **conserves** the patient's strength by assisting tissue metabolism in supplying the natural elements for tissue repair and the storing of energy with the **least possible tax upon the digestive organs**.

The "Clinical Record" and Dietetic Remembrancer, prepared specially for physicians, also sample box of grape-nuts, will be sent, free of charge and prepaid, to any physician who has not already received a copy of the Record, and who desires to make special tests of this food in his practice.

Address,

**POSTUM CEREAL COMPANY, LIMITED,
Battle Creek, Mich., U. S. A.**

Book Reviews

Obstetrics for Nurses. By Joseph B. De Lee, M. D., Professor of Obstetrics in the Northwestern University Medical School, Chicago. Third Revised Edition. 12mo of 512 pages, fully illustrated. Cloth, \$2.50 net.

It is always a pleasure to see a really good or useful thing appreciated. It is therefore pleasing to note that a third edition of De Lee's *Obstetrics* has been found necessary.

As the first edition did not appear until March, 1904, the fact that an expensive book of this kind should need two more editions before the end of 1908 speaks more eloquently of its value than anything we could say. The book has been entirely revised and improved, although the last edition was so up-to-date that little addition was possible.

Although rather an expensive book for the professional nurse, still it is an economy in the long run, for, so far as we know, it is the best on this subject.

+

Practical Points in Anesthesia. By Frederick-Emil Neef, B.S., B.L., M.L., M.D., New York. Price Semi-De Luxe Cloth, 60 cents, postpaid. Library. De Luxe Ooze Flexible Leather, \$1.50,* postpaid. For sale by Lakeside Publishing Co.

This practical monograph presents the author's impressions on the correct use of chloroform, ether, etc., and is a simple and coherent working method, and is of particular value to those general practitioners who are so situated that the services of a trained anesthetist cannot be secured. But although written primarily for the general practitioner, it is of equal value to all trained nurses who administer anesthetics, and it is a good book for every nurse to read, for one may be called upon in some emergency at any time. Among the subjects covered are: Induction of Anesthesia, Cardiac and Respiratory Collapse, When Shall the Patient Be Declared Ready

for Operation, Maintenance of the Surgical Plane of Anesthesia, Important Reflexes, Vomiting During Anesthesia, Obstructed Breathing, Use of the Breathing Tube, Indications for Stimulation, Influence of Morphine on Narcosis, General Course of Anesthesia, Awakening, Recession of Tongue after Narcosis, Post-Operative Distress, Minor Anesthesia with Ethyl Chloride, Intubation Anesthesia, etc., etc.

This extremely practical and useful book is condensed to about fifty pages, but every page is replete with valuable data. Printed upon heavy India Tint Special Cheltenham paper with Cheltenham type, with marginal headings in contrasting colored ink.

+

Observation of Symptoms. By Alfred T. Hawes, M.D., author of "Talks to First Year Nurses."

The observation of symptoms is an important part of the work of a trained nurse. A patient left in her care may be found in a serious condition because the nurse has failed to notice the symptoms of a beginning complication.

In this book the symptoms are given that may be observed by the nurse in her daily care of her patients. In order to fix a symptom in the nurse's memory, each is followed by a list of the diseases in which it is commonly found.

The arrangement is to be highly commended. It starts with temperature and is followed by pulse, respiration, digestive system, urine, skin, general observation of the patient, pain, nervous system, co-ordination of muscles, eye, ear and nose.

The book is valuable for pupil nurses in hospitals, and it will also be very useful for graduate nurses to take on their cases as a ready book of reference. The profession has long needed a book of this kind.

IF

the physician has at his command a palatable, acceptable and immediately assimilable combination of iron and manganese.

IF

this product has answered every reasonable professional requirement for more than 17 years;

IF

its use in reconstructive therapy is veritably world-wide and constantly increasing;

Is it not quite clear that such a preparation possesses the genuine merit claimed for it?

Pepto-Mangan ("Gude")

exerts prompt and decided hematinic and reconstructive action in Anemia, Chlorosis, Bright's Disease, Marasmus, Convalescence, etc.

In original bottles only. Never sold in bulk. Samples and literature upon application.

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44

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In the feeding of young infants, the safest and surest way to insure a diet simulating in every detail normal mother's milk, is to prescribe

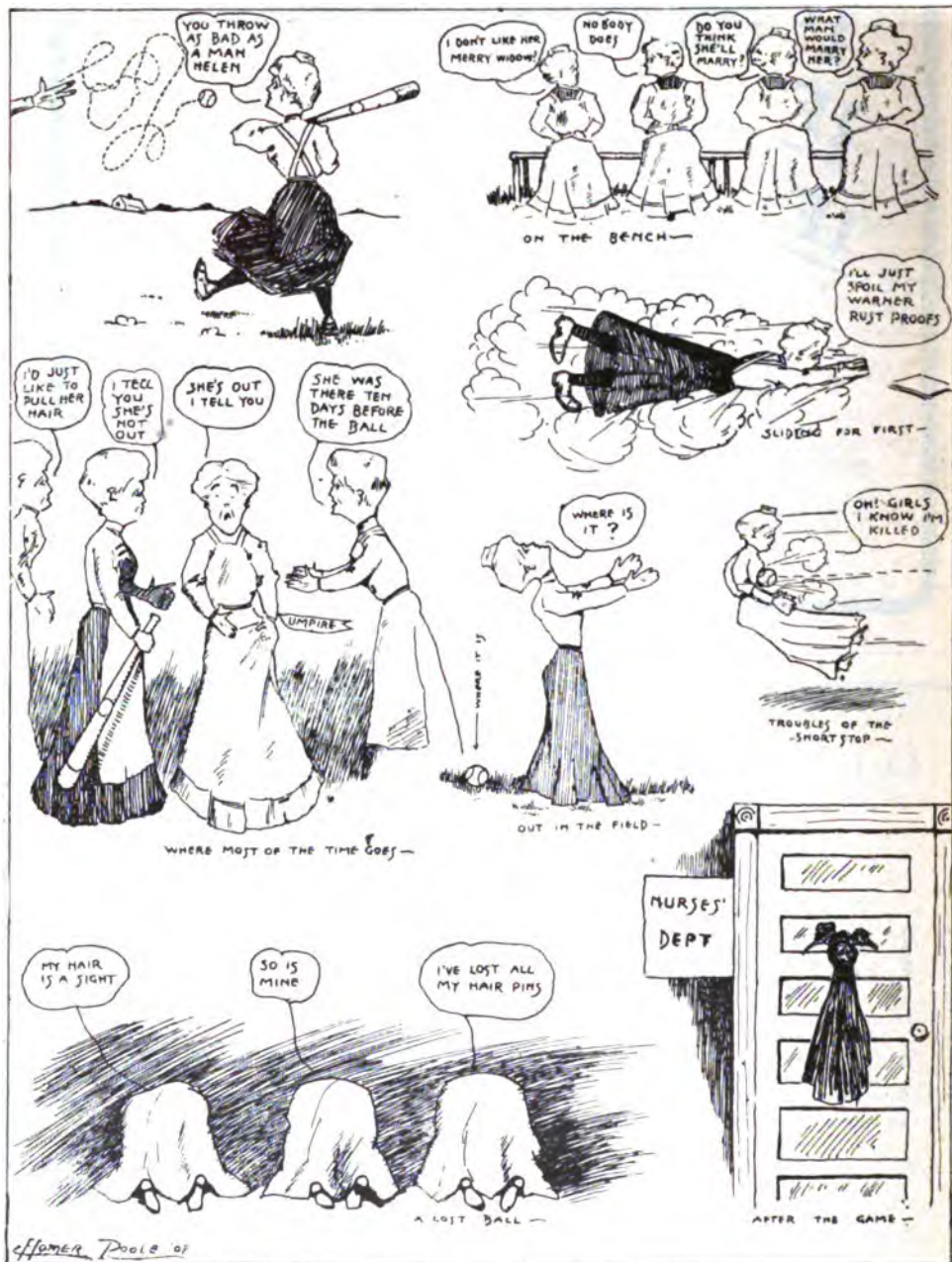
Lactated Infant Food

This food provides possibilities in the proper feeding of babes not offered by nutriment in any other form. It is palatable, perfectly digestible and capable of the nicest adjustment to any age or digestive capacity, without the slightest sacrifice of nutritional value.

As a matter of fact LACTATED INFANT FOOD has won its present place in infant dietetics by its absolute purity, unvarying quality and perfect adaptability to immature or feeble digestive organs.

Physicians who wish to give Lactated Infant Food a careful trial may have samples sent direct to patients by forwarding to us names and addresses


WELLS & RICHARDSON CO.
BURLINGTON, VT.



WHAT A NURSES' BASEBALL GAME IS LIKE.

These are a few of the things a cartoonist saw while attending a ball game between nurses from a New England hospital.

ADVERTISEMENTS



You have read for years the stories of babies who were brought from a puny, sickly condition to robust health, developing into sturdy children, by the use of

ESKAY'S FOOD

Has it ever occurred to you that possibly Eskay's is just the food that *your* baby (or your friend's baby) needs? If you believe he could be sturdier or better nourished, you owe it to him to at least *try* the one food that has agreed with thousands of babies when nothing else would.

The trial costs nothing—mail this coupon, and we will send 10 feedings of Eskay's Food and our helpful book, "How to Care for the Baby."

SMITH, KLINE & FRENCH CO., 436 Arch St., Philadelphia.
Gentlemen—Please mail, without charge, 10 feedings of Eskay's Food, and your book.

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PHILADELPHIA

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SCOTT'S EMULSION

is so easy to digest and yet so very strengthening, that the convalescent—even on small doses—regains health and flesh with remarkable rapidity.

There is no alcohol in ***Scott's Emulsion***. There is nothing to excite the nerves and then leave them exhausted. It builds up continuously and rapidly from the very first dose.

Send this advertisement, together with name of publication in which it appears, your address and four cents to cover postage, and we will send you a "Complete Handy Atlas of the World."

SCOTT & BOWNE :: 409 Pearl Street :: NEW YORK

In the Nursing World—Continued

Spanish-American War Nurses.

A card party was given at Fort Hamilton United States Military Reservation, Fort Hamilton, N. Y., on Wednesday, October 21, under the auspices of Mrs. Henry Hunt Ludlow, president of S. A. W. N., and Miss M. Antoinette Gelston, for the benefit of "Camp Roosevelt," S. A. W. N., of New York City.

Miss Alice P. Lyon, of that "camp," was treasurer, and actively contributed to the success of the entertainment, which netted \$113.25, to be set aside toward an entertainment fund for the tenth annual, which will be held in New York City in September, 1909.

There was a good attendance from Brooklyn and the vicinity of Fort Hamilton, with quite a number from Manhattan. In spite of the threatening weather in the morning, the day was fine.

The majority of those who attended remained for the dress parade, which took place at 5 P. M.

Numerous requests have been made to Mrs. Ludlow to repeat the affair at an early date, which speaks well for the success of the afternoon.



New Haven, Conn.

The regular monthly meeting of the Connecticut Training School for Nurses Alumnae Association was held at the nurses' dormitory Nov. 5, 1908. Meeting called to order at 3:20 p. m.

Minutes of previous meeting read and accepted.

Miss Anna F. Ennis and Mrs. J. L. Patterson Bassett were admitted as members.

The following were appointed members of the Executive Committee: Mrs. M. J. C. Smith, Miss Lanfore, Miss Payne, Miss Mary Lewis.

Circular letter from Miss Lavina L. Dick, relating to the action the Associated Alumnae of the United States took in regard to woman suffrage, read.

The following resolutions were passed:

Whereas, The question of woman suffrage being a subject beyond the limits of our profession's consideration, and a subject on

which it has no reason for deliberation or right to an opinion, be it

Resolved, That the Alumnae Association of the Connecticut Training School for Nurses heartily endorse the action of the Associated Alumnae of the United States in its refusal to adopt resolutions in favor of woman suffrage. And be it further

Resolved, That this association deprecates any and all attempts to bring any extraneous and unprofessional matter before our nurses associations for their consideration, approval or acceptance.

No further business. Meeting adjourned.



Cleveland, Ohio.

The St. Clair Hospital Nurses' Alumnae Association gave an afternoon tea November 5, 1908, in the parlors of the hospital, with the members of the 1908 graduating class—the Misses Teresa J. Stimson, Julia L. Jaeger and Nancy E. Walker—as guests of honor. The hospital's Lady Board of Managers were also guests.

In the evening the alumnae held a short business meeting and admitted the 1908 graduates to membership. Following are the officers of the alumnae: President, Mrs. Mary Altringer; vice-president, Miss Nellie Ruff; recording secretary, Miss Alice Kirby; corresponding secretary, Miss Grace Colegrove; treasurer, Miss Kathleen Hamilton.



Brooklyn, N. Y.

At the October meeting of the Alumnae Association of the Methodist Episcopal Hospital Training School of Brooklyn, N. Y., \$5,000 was handed over to the Board of Managers, being the first payment of the \$20,000 required to endow a room in the hospital for sick nurses. This sum of money has been raised entirely by the Alumnae Association, and represents considerable hard work and self denial on the part of the nurses.

Dr. Kavanagh, the superintendent of the hospital, was present at the meeting, and assured the Alumnae Association of the appreciation and support of the board, which in the near future may take a more tangible form.

The 'Allenburys' Foods.

Provide nourishment suited to the needs and digestive powers of the child from birth onward, according to the development of the digestive organs.

The "Allenburys" Milk Food "No. 1"

Designed for use from birth to three months of age, is identical in chemical composition with maternal milk, and is as easy of assimilation. It can therefore be given alternately with the breast, if required, without fear of upsetting the infant.

The "Allenburys" Milk Food "No. 2"

Designed for use from three to six months of age, is similar to "No. 1," but contains in addition a small proportion of maltose, dextrine and the soluble phosphates and albuminoids.

The "Allenburys" Malted Food "No. 3"

Designed for use after the fifth or sixth month, is a partially predigested farinaceous food needing the addition of cows' milk to prepare it for use.

Physicians familiar with the "Allenburys" Series of Infant Foods pronounce this to be the most rational system of artificial feeding yet devised. Their use saves the troublesome and frequently inaccurate modification of milk and is less expensive. Experience proves that children thrive on these Foods better than on any other artificial nourishment

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THE ALLEN & HANBURY'S CO., Limited
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A Drink in Fevers

A teaspoon of **Horsford's Acid Phosphate** added to a glass of cold water makes a cooling and refreshing acidulous drink for the patient during convalescence from typhoid and other febrile conditions.

Its superiority over Dilute Phosphoric Acid, or any other acid, is due to the fact that it contains the phosphates of calcium, sodium, magnesium and iron, which means increased nutrition.

Horsford's Acid Phosphate

is more palatable and strengthening than lemonade, lime juice or any other acidulous drink.

RUMFORD CHEMICAL WORKS, Providence, R. I.

New Remedies and Appliances

An Unbreakable Hair Curler.

A non-absorbent, unbreakable hair curler is on the market in the West Electric Hair Curler. It curls or waves the hair in any fashion in a quarter of an hour, without using heat. It is made of steel and is unbreakable.

+

Why It Is Good.

Pine-tar, in the proportion present in Packer's Tar Soap, exerts a gently stimulating and beneficial influence upon the skin and scalp. It invigorates the blood vessels and the absorbent vessels and maintains the delicate nerve endings in the skin in proper tone.

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Make the Patient Comfortable.

If your patient is in a Gorham Invalid Bed, he will not mind the changing of bed linen. He can recline at any angle on an inclined couch—and may sit erect in the normal position for all evacuations, or be placed sitting before a window for diversion.

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Manifold Uses.

Resinol Soap can be used on the youngest infant and makes a delightfully pleasant and antiseptic addition to the baby's bath. It prevents and acts beneficially on milk crust, scald head, incipient eczema, intertrigo or chafing, and keeps the skin sweet, soft and healthy.

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After Typhoid Fever.

The convalescent period after typhoid fever is always a trying one. Weakened functions must be coaxed back to normal activity, and every effort made to promote proper nutrition. For many years Gray's Glycerine Tonic Comp. has enjoyed the confidence of the medical profession as a most efficient and satisfactory reconstructive for aiding convalescence.

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128 Years of Success.

The House of Walter Baker & Co. has had 128 years of uninterrupted success in the manufacture of cocoa and chocolate preparations. What is the secret of their great success? It is a very simple one. They have won and held the confidence of the great and constantly increasing body of consumers by always main-

taining the highest standard in the quality of their cocoa and chocolate preparations, and selling them at the lowest prices for which unadulterated articles of good quality can be put upon the market.

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Discomfort Eliminated.

Every physician is acquainted with the dangers attending the use of the majority of drugs capable of exciting the menstrual flow.

Ergoapiol (Smith) is more prompt in action than any other agent, and its use is never attended by the slightest danger or discomfort, even when administered to the most delicate or sensitive subject.

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The Dairy Lunch.

The Dairy Lunch meant milk and bread,
But Hansen's Junkets now are spread
Before your wondering eyes instead;
Purple, orange, pink and green,
Toppling o'er with foaming cream,
Not too heavy, not too light,
Serve the purpose, are just right,
Lunchers' comfort, don't you see,
Happy change for you and me.

+

A Satisfactory Breast Pump.

The Churchill Drug Company, of Cedar Rapids, Iowa, write us that a striking feature of the many letters received from nurses in response to their advertisement in this journal is the frequent reference to the unsatisfactory character of the old style breast pumps. Their imperfections have been overcome in the Hoover Pump, which applies the pressure under perfect control. This makes it a thoroughly satisfactory pump.

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Have You Tried Chinosol?

The stupendous work on chinosol recently done by the Lederle Laboratories—1674 bacteriological and animal experiments—have fully and completely confirmed the claims made for chinosol by the numerous bacteriologists and health officials in Germany, as to its remarkable antiseptic, disinfectant, and non-toxic properties.

The Dangers of Cow's Milk

THE recent epidemic of Scarlet Fever in Chicago has awakened the whole country to the grave danger lurking in the Milk Supply of our large cities. Wherever milk is used that has not been properly safeguarded from the cow to the consumer, the infant mortality will always be high.

Coincident with the Chicago Epidemic there comes a Report of the British Royal Commission on Tuberculosis. After five years' investigation, the Commission confirms the theory of Von Behring, that the tuberculosis of cows is a constant menace to the human race, and that consumption developed in later life has often been contracted in infancy from tuberculous milk.

Nestlé's Food

does not require the addition of milk in preparing it for use, as it is a complete diet in itself. The basis of Nestlé's Food is cow's milk, so treated and modified that it will be easily digested, and will resemble mother's milk in its composition, as closely as possible. The milk supplied to the Nestlé Factories is collected under the most rigid precautions, from cows that are under the constant supervision of the Company's Veterinarians. Furthermore, the process of manufacture completely sterilizes the milk. This is fully set forth in our pamphlet, "Recent Work in Infant Feeding." A copy of this, with samples of Nestlé's Food, we will be glad to send to any physician.

HENRI NESTLÉ, 72 Warren St., New York.

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THE SYSTEM YOU WILL EVENTUALLY LEARN

Swedish Movements, Medical and Orthopaedic Gymnastics

Term: 3 Months Tuition Fee, \$75.00

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No Better Clinical Experience Possible

All courses may be commenced at the same time and finished within three months. The instruction consists of daily clinical work and practical lessons on patients referred to our clinics from the various Hospital Dispensaries. Original Swedish (Ling) system, and Weir Mitchell's Rest-Cure system. All pupils attend clinics at several city hospitals. Separate male and female classes. Payments can be made to suit your convenience. Particulars and illustrated booklet on Massage upon request. An early application for admission is advisable.

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Breslau, Germany, and lecturer to St. Joseph's,
St. Mary's, Mount Sinai and W. Phila. Hosp. for
Women, Cooper Hosp., etc).

M. TH. H. KORFFEN, (Universities of Jena and Leipzig, Germany, Penna. Orthopaedic Institute).
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The average strength of chinisol solutions for ordinary purposes is 1 to 1,000 (one tablet to a quart of water). It is well to remember that alkalies (and soap is an alkali) and metallic salts are incompatible with chinisol.

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For Your Medicine Closet.

Have you a bottle of Horsford's Acid Phosphate in your medicine closet? It is a scientific preparation of great value, and can be used in any number of indicated conditions with gratifying results. Send for booklet to the Rumford Chemical Works, Providence, R. I.

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Restore Normal Conditions.

As milk is frequently insisted upon as an important addition to the dietary of Tuberculous patients, of late years Horlick's Malted Milk has been used with much satisfaction in many cases when raw milk would not be tolerated. Horlick's Malted Milk is a better balanced food for the consumptive than ordinary milk; is easier assimilated, and is more efficient in the upbuilding of wasted tissue.

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A New Absorbent.

Oxolint is a new linen absorbent prepared by the Oxford Linen Mills, of North Brookfield, Mass., that bids fair to supply the long looked-for "ideal dressing." Large quantities are now being furnished to hospitals and the drug trade, the Company reporting orders in excess of its present manufacturing capacity. Test samples will be sent free to members of the profession who apply to the Company at North Brookfield, Mass.

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Always Up-to-Date.

It might be of interest to our readers to learn that Mr. Max J. Walter, superintendent of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia, has recently returned from an extended trip through the leading medical centres of Europe for the purpose of investigating the latest methods used abroad in the mechanical treatment of diseases, and under the guidance of the medical directors in charge, he has tried to make himself familiar with whatever he found of interest to incorporate in the me-

chanical measures used in the Philadelphia institution.

New apparatus has been purchased abroad and will be installed in the above institution upon its arrival in this country. Any of our readers interested in Mechano-Therapy might write to the institution for information.

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Of the Highest Usefulness.

Dear Mr. Minor:—

Believe me, I am glad to hereby testify to the usefulness of your Triton Bath Salts for the Nauheim Treatment. They are of highest usefulness to my patients, who through their aid are at home able to realize all the benefits to be obtained by the visit to Nauheim itself; often a most difficult visit for those who most need this treatment which you have so satisfactorily placed at their disposal.

Very truly yours,

(Signed) CALVIN S. MAY,
57th St. and 7th Avenue, New York

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After Bi-Chloride.

Oskaloosa, Iowa,
Ogden & Shimer, Chemists,
Middletown, N. Y.

Sirs—Enclosed find 50c, for which please send me two jars of your Mystic Cream. I have used one jar and find I cannot find anything to take its place. I am a trained nurse and it certainly helps my hands after I use Bi-Chloride.

MISS ELEANOR GILCHRIST.

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Anemia and Catarrh.

Attention should be directed immediately to improving the quality of the blood and thus increase the general vitality. For this purpose vigorous tonics and hematics are desirable and Pepto-Mangan (Gude) will be found especially useful. Through the agency of this eligible preparation, the blood is rapidly improved, the organs and tissues become properly nourished and accordingly resume their different functions.

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Dysmenorrhoea.

In most cases where the neuralgic form is presented there is anemia, and no relief will be secured till this factor is overcome. Iron in some available form must, therefore, be given. During the period of menstruation



*The sweet heart of
the corn*

Kellogg's
**TOASTED
CORN FLAKES**

The package of the genuine bears this signature

W. K. Kellogg

Toasted Corn Flake Co., Battle Creek, Mich.
Canadian Trade Supplied by the Battle Creek Toasted Corn Flake Co., Ltd., London, Ontario.



Kellogg's Toasted Corn Flakes "won its favor through its flavor"—crisp, delicious.

the administration of antikamnia and codeine tablets in doses of two tablets every two hours, will relieve the pain. If these tablets are given at the beginning of the attack, we can often entirely prevent pain."

SOLOMON HENRY SECOY, M. D.
Jeffersonville, Ind.

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A Quick Recovery.

"I used Unguentine on an infected sore from a second degree burn of about two weeks' standing. I was called on the 12th day; found child with temperature of 105 degrees. Gave remedy to reduce, cleansed wound with Peroxide Hydrogen, applied half of the tube of Unguentine as directed. Called next day at 12 o'clock. Child was up eating, had slept all night, got up singing; wound healed as if by magic."

J. E. STEPHENSON, M. D.

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Antiseptic Treatment of Dysentery.

Dysentery is a local disease—inflammation of the lower bowel. Its rational treatment is by the most convenient route—by antiseptic high irrigation per rectum. The best agent for this purpose is a hot, copious, mild solution of Tyree's Antiseptic Powder. This should be repeated at frequent intervals, governed by the severity of the case. Sample sent upon request.

J. S. TYREE, Chemist,
Washington, D. C.

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Nerve Diseases.

Dr. C. N. Udell, of Valparaiso, Ind., says of Daniel's Concentrated Tincture Passiflora Incarnata: "Some years ago I found Passiflora a valuable remedy in cases of nerve tension, insomnia and those cases bordering on insanity. The trouble has been to obtain a reliable preparation made from the green root. From my experience with your preparation I unqualifiedly pronounce it the ideal one, giving to physicians a sedative that will not disappoint. I expect to use it wherever opportunity offers."

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Hamamelis Virginica.

Over sixty years ago the Pond's Extract Company began the preparation of Pond's Extract, selecting therefor the best and most luxuriant growths of the shrub at the season of the year when richest in extractive ma-

terial, and perfecting a process whereby an extract of uniform strength and efficiency was produced.

As a consequence, during all of these years Pond's Extract has been the standard product of its class, and its purity, unvarying quality and reliable remedial action have created a well-grounded confidence that has naturally led to its preferment by the medical profession.

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For Nurses Who Have Indigestion.

The keeping up of one's health is due largely to the ability of converting the food eaten into proper nutriment for cell assimilation. Those who have had attacks of indigestion know that they cannot do the work as well then. If you have any indigestion, or inability to properly absorb nourishment, ask your physician what he thinks of Peptenzyme, and, if he says so, write to Reed & Carnrick, 42-44-46 Germania avenue, Jersey City, N. J., and they will gladly send you a sample for your own use.

Peptenzyme differs from all other digestants, consequently is used by doctors in their severer cases, not only to tide over acute attacks of indigestion, but to build up normal digestion and effect a complete cure.

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The Nurses' Outfitting Company

The Nurses Outfitting Company has been established to supply to trained nurses within its reach anything and everything that their profession demands in the line of wearing apparel. This is our specialty; we do nothing else, and our constantly increasing business is proof in itself of the need which there is for a reliable, up-to-date garment-making workshop for trained nurses. Send for our interesting illustrated booklet, entitled "Are You a Trained Nurse?" The Nurses' Outfitting Company, 37 Randolph street, Chicago, Ill.

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Vibratory Massage.

There is no specialty to-day in the practice of medicine in which Vibratory Massage may not be advantageously employed. Physicians and nurses who have used this method for any considerable time are unanimous in their praise of satisfactory results obtained. Vibratory stimulation is direct, agreeable and cer-

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Junket

Makes an *ideal food* for invalids and healthy people of *all ages*. The tablets are indispensable in the preparation of *whey, modified or humanized milk* for the *baby*. *Children cry* for Junket pudding, *invalids, dyspeptics and convalescents* enjoy it, and Junket is the comfort of *old age*. *Milk is the only perfect food*, and Junket is the *best form* in which to take it.

One Junket tablet to a quart of milk.

10 Junket Tablets, in a package.....10c

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Editor

ANNETTE SUMNER ROSE

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Report on Department of School Hygiene of Boston, by Dr. Thomas F. Harrington, Director.

The Sanctity of Medicine, by Dr. Thomas F. Harrington, of Boston. The annual discourse delivered at the annual meeting of the Massachusetts Medical Society, June 10, 1908.

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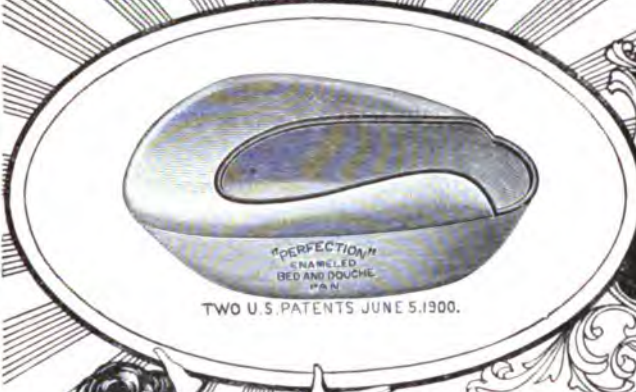
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